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A Fraternal Message

By W. HARVEY SMITH, M.A., M.D., C.M.,
President of the British and Canadian Medical Associations, Winnipeg

I have much pleasure in conveying to the Canadian Nurses Association a message of warm greeting and great good-will from the Canadian Medical Association.

May I express the hope that with increasing understanding of the common problems seeking solution at our hands, a keener appreciation of our joint responsibilities to the public and to ourselves, and a clearer insight into the principles of policy and organisation best adapted to meet the complicated requirements of this day and age, contentment may emerge from chaos, continuous employment and adequate remuneration be ensured the members of the nursing profession, and the highest measure of success crown our efforts for the amelioration of human suffering and the dissemination of knowledge regarding the laws of health, and the prevention of disease.

To the student of current trends and problems in nursing and medicine, it is apparent that we are living in a period of profound economic unrest, when principles evolved for the care of the sick in years gone by are no longer adequate or applicable. The trained nurse is dissatisfied with her economic environment, and complains of a precarious livelihood in the present and a future lacking in promise. Patients of moderate means (ninety per cent. of the families in the United States earn less than $2,000.00 a year) view with dismay the rising—and unpreventable—cost of illness, and look in vain for organised nursing or medicine to evolve a system applicable to their needs. The members of the medical profession are critical of the failure to provide facilities, first class in organisation and management, for supplying nursing service of every type from that of the highly qualified registered nurse to the motherly ministrations of the "home helper," under a financial plan that will ensure the necessary quality of care at a price which the patient can afford to pay.

Those concerned with the maintenance of high educational standards quite properly oppose any suggestion that those standards should be lowered, and to the hint that the less highly qualified or "practical nurse" might have a place in the scheme of things, under competent supervision and control, they are patently unsympathetic. When it is urged that the nursing profession should be organised to render available and to distribute every type of service, the reply usually is, "When medicine commences to lower its standards, then we may consider doing likewise." Is this attitude quite fair, however? Does it recognise the essential facts of the situation among which are, that semi-skilled nursing service is everywhere procurable, and that it is given, unfortunately, in the main, without supervision or control by competent authority, and also the force and soundness of the principle that, "It is uneconomic to employ a person whose time is more valuable, when a person whose time is less valuable is available, always assuming that the latter is efficient for the purpose in view."

The standards of medicine are not lowered, nor do physicians and patients

suffer any hardship—rather the reverse—because a vast amount of work requiring skill, training and a sense of responsibility is performed by technicians, students, nurses, laboratory workers, and office assistants who hold no medical degrees, or because in every hospital in the land the great proportion of work relating to the care of the sick (said to be over 70%) is performed by pupil nurses; but—and this is the crux of the situation—under such constant and competent supervision as to ensure the necessary standard of quality and character.

Nursing facilities—more or less adequate—for the care of the indigent sick, exist in all centres of population, but these are not always available or suitable for the needs of the person of moderate means who finds the burdens of illness oppressive. Individuals of this class, however, can never complain of lacking competent medical attendance, for practically every physician subscribing to the Hippocratic Oath has added a rider thereto to the effect that he will "Temper the wind to the shorn lamb," which in terms of practice means that he will charge anything or nothing, as warranted by circumstances.

The generally observed usage of exacting more from the well-to-do in order that those less happily situated may pay less may not survive illumination with the cold spotlight of logic, but as an economic make-shift it will answer until some more equitable and scientific system is evolved; but these adaptations to the business requirements of medicine are not applicable to nursing.

Were it possible to obtain general recognition of the fact, that in common with death, fire, accident, theft, and property damage, illness is a hazard to be protected against by the adoption of the insurance principle of spreading the risk, the nurse, in common with the patient and the physician, might be benefitted and her economic outlook rendered less insecure.

Wide differences of opinion exist as to what constitutes the best method of offering to the public a nursing service that will meet the technical and the economic needs of the times, but no plan has yet been evolved that promises a solution of this difficult problem. Registries which in many respects have proved a great and necessary convenience lack national direction, control, and outlook, and uniform policy and method. They are not usually in intimate contact with organised medicine, and are therefore conducted with a circumspection of outlook not conducive to the best type of service.

The authorisation of uniform rates to be charged by nurses of varying degrees of capacity, qualification and experience is open to the criticism that all nurses are no more entitled to maximum fees than are all clerks, stenographers and bookkeepers, or, for that matter, members of the medical profession. Special knowledge and aptitude must always entitle its possessor to higher emolument, while conversely inferior qualifications must receive lower pecuniary recognition. Under the prevailing system, the nurse with the minimum registerable qualifications may charge as much as the highly experienced, registered nurse. Is mediocrity or worse entitled to the wage status tacitly approved by nursing authorities? If not, should the nursing profession not seek legislative authority under which qualifications might be graded and charges regulated? Is the time not opportune for the nursing profession of Canada, possibly in association with organised medicine (which is striving to solve almost identical problems of organisation, economics and professional qualifications within its own ranks), to plan for the establishment of such a system as will meet the requirements of the public and of the various other interests concerned. Might this not be achieved through the formation of a national nursing body operating throughout the Dominion, offering first-class facilities for registration and employment, and assuming the general direction and responsibility for a supervised nursing service of every type and grade?

The policy and methods under which the Victorian Order of Nurses for Canada carries on might well serve as a model for the organisation I have in mind. It may not be unprofitable to enumerate the main factors that contribute to the Order's success. It is national in scope and administration. Its nurses are ensured continuous employment and are allotted duties upon the basis of known capacity, suitability and experience. Economic stability is assured them, and a period of probation determines whether they possess those qualities of heart and head necessary in a profession that demands not only technical qualifications, but humane instincts. Direction is informed, capable, and sensitive to public need and opinion. The "practical nurse" and the representative of other subsidiary services are available, when in the judgment of those in authority they may be used to advantage. Most important of all, the service, whether it be given to the rich or the poor, by the registered nurse or the home helper, is subject to close and competent scrutiny and supervision, and it is conducted in immediate touch with medical opinion and outlook.

In visualising the development of a national institution of the character and scope indicated, provision should be made for the establishment of a superannuation system and the building-up of financial reserves in order that the nurse, when the disabilities of age or adversity come upon her, may be secure in the knowledge that the rainy day is provided for. The sense of obligation and gratitude so conspicuously displayed by patients during the period of convalescence might, in the case of the philanthropist or the plutocrat, be taken advantage of to point out that the Canadian Nurses Superannuation Fund was a most worthy institution and well deserving of their benefactions!

All physicians recognise with keen appreciation their dependence upon the skill, capacity and devotion of the nurse and understand full well the part she plays in contributing to the success of his professional ministrations. Medical men can, therefore, be relied upon to afford their sister profession all possible aid in solving the problem so intimately connected with the daily tasks of each. With the passing of the years, it is inevitable that the two professions will become even more interdependent than they are at present, the sooner, therefore, we commence to plan for the settlement of our common problems the better will it be for all concerned. It is a source of satisfaction to know that we are engaged now in the conjoint task of making a wide and thorough study of the various aspects of nursing, and it is confidently expected that conclusions of weight, authority and constructive value will be evolved from this study, which, when practically applied, may do much towards clarifying a situation that for the rank and file of nurses is fraught with many anxieties and difficulties.

In conclusion, may I express the hope that the Canadian Nursing and Medical Associations may long continue to work harmoniously for the furtherance of those great and vital interests committed to their care.

We are scarcely aware how much the sum of happiness in the world is indebted to this one feeling—sympathy. We get cheerfulness and vigour, we scarcely know how or when from, mere association with our fellow-men.—ROBERTSON.

Food Budgetting

A STUDY OF THIRTY FOOD BUDGETS IN THE CITY OF MONTREAL.

By MILDRED D. GOODEVE, Nutritionist, Child Welfare Association of Montreal, P.Q.

The problem of household marketing is one of vital importance to the health and well being of the nation. A great many physical defects can be traced to unsuitable and deficient diets, especially in the ante-natal and pre-natal period; therefore it is necessary to emphasize the importance of adequate and well-balanced meals, especially for expectant and nursing mothers and for growing children. Errors in diet are not limited to the poorer classes for sometimes dietaries in wealthier homes are deficient, usually in vitamins. It is very often found that fresh fruit and green vegetables are not sufficiently provided in the menu of a child, while white bread is nearly always given instead of whole wheat bread, and milk is often conspicuous by its absence. There is a tendency to increase carbohydrates at the expense of other foods, and the meat bills are too high in proportion to the money spent on fruits and vegetables, also too many soft foods are given resulting in dental caries.

In an attempt to find the amount and kind of food with its cost, consumed daily by each individual family, the nutritionist of the Child Welfare Association worked out the following plan. A food budget form, covering a week, was drawn up. Each of the thirty mothers whose food budget is dealt with in this study was given one of these forms, and the nutritionist carefully explained to her the method to be used in filling it out. When the budget was complete, it was an easy matter to calculate the total cost, the daily per capita cost, and the percentage of money spent on each type of food during the week. A blank copy of the budget form is shown below

Child Welfare Association

FOOD BUDGET

Name..... No. of Children..... Salary.....

Address..... No. of Adults..... Date.....

Food	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Meat							
Eggs							
Milk							
Cheese							
Bread							
Cereals							
Sugar							
Fat							
Fruit							
Vegetables							
Sundries							

Even after the most careful explanation, some of the mothers found it difficult to understand that the form calls for a statement of the food actually *consumed*. Supplies *purchased* during that week but which the mother may store

in her pantry for longer or shorter periods without consuming any of them, do not appear on this budget form.

It should be emphasized that the week is used as a unit. The days are designated merely to simplify matters for the mother and to allow her space to jot down, if she wishes, all foods actually consumed with their price, at the end of each day, so that nothing will be forgotten.

The annual incomes of the thirty families whose budgets were studied, varied from $960.00 to $1,530.00. If the income was low and the family large, naturally the daily per capita cost of the food was proportionally low. The following figures show that the daily per capita cost of the food varied from 24 cents to 50 cents, while the average was 34 cents:

24—24—24—27—28—29—29—29½—30—30—30½—31—32—32—32½—33—34—35—35—35—37—37—37—38—38½—39—42—44—46—50.

It is interesting to compare with this the case of a mother, a graduate of a school of Household Economics with a family of six, the daily per capita cost of whose food was 57 cents; the family income was $5,500.00, 22½% of this income was spent on food, whereas the working man earning say $1,500.00 usually spends at least 40% of his income on food.

It is only natural that where there is little money to spend on food, satisfying cereals, breads, meats and fat are bought to the almost total exclusion in some cases of fruits and vegetables.

The following table will show that the lower the income the more tendency there is to increase the carbohydrates and meat, and lower the fruit and vegetables.

Per capita cost	Meat, Fish, Eggs, Cheese	Milk, Cream	Fruit, Vegetables	Cereals, Bread	Fat	Sugar	Sundries
24c	27%	12%	13%	25%	13½%	05%	04½%
34c	27%	18%	17%	18%	12½%	04%	03½%
57c	24%	18%	25%	09%	16 %	04%	04 %

The tendency for the family on a low income to spend a high proportion of their food budgets on cereals is one for which we can offer no alternative. Cereals are the foods which satisfy hunger at the least cost. There is, however, one definite change that can be made.

When we can convince the housewife that expensive cuts of meat are not necessary for health and that cheese and eggs are excellent substitutes, an important point will be gained. The money that is saved on the meat bill by buying cheaper cuts, can be put to excellent use in the purchasing of fruits and vegetables.

The percentage of the family food allowance which should be spent on various foods has been carefully worked out in Montreal, with reference to local prices.

The following table shows the percentage of expenditure which the nutritionist advises for the various types of food. These percentages vary slightly according to the ages of the children and the season of the year.

Meat, Fish, Cheese, Eggs	Milk, Cream	Fruit, Vegetables	Cereals, Bread	Fat	Sugar	Sundries
20—25%	20—25%	20—25%	15—20%	10—15%	02—04%	04%—05

Further work is being done to separate the money which should be spent on meat and fish, from that which should be spent on eggs and cheese.

Case Illustrations

Case 1.—A Yorkshire woman kept a budget for two weeks. She had no definite information of food values, but an excellent general knowledge of

housekeeping. This woman and an invalid husband lived in a small house in the outskirts of Montreal and had six children ranging in ages from 3½ to 19 years. Her per capita cost per day was 24 cents. A sample menu is as follows:

BREAKFAST

Porridge with milk and sugar.
Bread and butter, bacon for two, tea.

LUNCH

Cheese and lettuce, bananas.
Bread and butter, tea.

DINNER

Liver and bacon, onion gravy.
Prunes and rice pudding, tea.

By the foregoing menu it will be seen that the meals were fairly well balanced, although no vegetables appear on this day, but it was found that the actual food consumed was not *sufficient in quantity* to maintain health, either for the growing children or for the adults.

Three children, aged 3½, 7 and 10 years old were examined and found to be 7% underweight.

This woman eventually supplemented her income by selling garden produce and taking in washing, and with the added income bought more fruit, vegetables and milk for her family.

CASE 2.—Mother, father and six children. The mother kept a budget; the percentages were:

Meat, Fish, Eggs, Cheese	Milk, Cream	Fruit, Vegetables	Cereal, Bread	Fat	Sugar	Sundries
24%	14%	17%	30%	10%	02%	03%

The nutritionist chose the two items fruit and vegetables, and cereals, explaining why these foods were not being used in proper quantities. The fruit and vegetables were about 25% too low and the cereals 50% too high. The mother was asked to keep a second budget and was told approximately the amount of money to spend on the two items which had been under discussion. The result was:

Meat, Fish, Eggs, Cheese	Milk, Cream	Fruit, Vegetables	Cereal, Bread	Fat	Sugar	Sundries
28%	19%	22½%	12%	13%	02½%	03%

After forming the habit of using more fruit and vegetables, the husband suggested the purchase of the waterless saucepans in order to save all the valuable mineral salts. For the four utensils they gave $27.50. By working out the cost of the gas bills before and after using them, between $2.50 and $3.00 was saved every two months. In 20 months the saucepans will be paid for by the money saved in gas, and after that time the operating expenses of the house will be less by $1.50 a month.

CASE 3.—Mother, father and four children. Percentages were:

Meat, Fish, Eggs, Cheese	Milk, Cream	Fruit, Vegetables	Cereal, Bread	Fat	Sugar	Sundries
11%	14%	15%	19%	15%	18%	08%

This mother was using 14 lbs. of white sugar and 1¼ lbs. of tea per week. The nutritionist could hardly credit this statement, so made a visit and watched the mother prepare the meals during the day. The sugar bowl was filled twice during the day, each amount weighing 1 lb. The tea was made by putting a

handful of tea in the tea pot, then adding a smaller handful. This was stewed and given to the children, who added sugar to cover up the strong taste. The mother was instructed how to make tea and was told that it was a strong stimulant, and must on no account be given to the children, also that the use of too much sugar was injurious to both children and adults, and was a poor appetizer for other foods.

The amount of money that this mother should spend on various foods was then worked out and marked on envelopes. The mother was asked to keep an account of the amount and prices of food on separate sheets of paper and place them in the envelopes. This was done faithfully for four weeks, the mother trying to spend as nearly as possible the correct amount of money for each type of food. Following are the results:

	Per capita cost	Meat, Fish, Eggs, Cheese	Milk, Cream	Fruit, Vegetables	Cereals, Bread	Fat	Sugar	Sundries
1.	28c	20½%	21%	16 %	20%	14 %	03½%	05%
2.	28c	26%	22%	10½%	19%	13½%	04 %	05%
3.	29c	27 %	21%	12 %	18%	13 %	04 %	05%
4.	29c	23 %	23%	15 %	17%	13 %	04 %	05%

This mother continues to budget her food money periodically to see exactly how her money is being expended. She thinks this of far more value than keeping daily accounts.

Case 4.—Food budgets were kept for four weeks by a mother who used the envelope system, *i.e.* a daily account was kept in an envelope of each type of food, always trying to work up to the ideal figure which was marked on the outside. This mother had to concentrate on spending more on fruits and vegetables and less on cereals; more on milk and less on meat. The daily per capita cost throughout was 30½ cents. In this case the husband also became interested and wished to know how the annual income was being divided. The following was the result:

Annual Income $1,520.00

	Ideal amount of money and percentages as should be spent		Actual amount of money and percentages as were spent	
Food	$608.00	— 40%	$611.52	— 40.2%
Rent	380.00	— 25%	300.00	— 19.9%
Clothing	288.00	— 15%	199.60	— 13.0%
Operating	152.00	— 10%	63.88	— 4.2%
Advancement	152.00	— 10%	25.00	— 1.7%
Savings	----	----	320.00	— 21.0%

The family was able to save the $320.00 as the children were under six years of age and nothing was being spent on education. The father and mother remained at home and took their pleasure by having friends in for meals. They realised that as time goes on more money will be expended for advancement and less will be placed in the savings account.

From the foregoing article one can readily see that all types of housekeepers are capable of keeping food budgets; that the food budget is the most accurate method of finding out the amount of money spent on food, and that the average family requires a great deal of education in order to spend their food money to the best advantage for health. Nutritionists in Montreal feel that until health and social agencies adopt, more generally, the plan of teaching mothers to budget their food allowance, little headway will be gained in improving physical conditions due to faulty or inadequate diet.

Every Graduate Nurse a Public Health Nurse

By ANN M. HELLNER, Visiting Nursing Association, Saginaw, Michigan

I do not consider it necessary to apologise for my subject because it was selected for me by your chairman. From the address of welcome and responses to which I have just listened, I feel that the problems of your country are like unto ours in the States and that you have preceded us in working out much of the material which I am bringing to you. For the sake of mutual understanding I shall, however, analyse in a rather detailed way.

Whenever the graduate nurse enters the field of public health nursing she becomes an integral part of a national and local organisation. The outstanding feature of such an affiliation becomes the conformity to a standardised technique for bedside nursing, an acceptance of continuous supervision by those delegated to take charge, and a gradual understanding of the importance of making the family the unit in the promotion of health and prevention of disease.

A classification of the fields into which graduate nurses enter shows there are institutional positions, private duty or special nursing, doctor's office assistant, dispensary or clinic, industrial and public health nursing —which field includes the school nurse, the visiting nurse, district or Victorian Order nurse (however she may be designated), the tuberculosis nurse, the maternity-infancy nurse, etc. Could each of these special groups benefit by closer organisation with continuous supervision by the nurse designated to be the supervisor and would the community benefit by a study of the family health problem with a desire to promote health and prevent disease? These I have previously stated as the outstanding features of a public health nursing system.

(A paper read at a meeting of District 2, Registered Nurses Association of Ontario.)

First, the institutional nurse. Would not her contribution be much greater if she entered her field just as the public health nurse does, by having a series of conferences and demonstrations by the supervisor explaining the standard techniques and routines? The stumbling period of adjustment in those first weeks surely slows up all the work of the department to which she has been assigned. Our old method of trial and error for the new graduate nurse has often placed the student nurse in the position of teacher.

Later this same graduate nurse can make *her* contribution as to standards and techniques for the institution, because staff conferences held at regular specified intervals constantly consider changes and improvements. It is at the staff conferences that the superintendent of nurses, her assistant and the supervisors carry on the "continuous programme of supervision and education with their staff."

In many of the best schools the staff conference is very carefully planned. A technique such as "Transfusion," which is being changed by the medical staff on one of the floors in the hospital, is demonstrated by a member of the staff. Discussion by two staff members who are familiar with the new procedure follows. A report on "The Cost of Medical Care," as the recent findings of the committee have shown, is presented by a supervisor, thus bringing each graduate nurse in touch with newer knowledge.

That emphasis may be placed upon health and the prevention of disease with the patients who enter the institutional wards, group teaching has been begun by the graduate head nurse. This has been done very effectively in the obstetrical and children's wards at the New Haven Hospital, under the direction of the Yale School of Nursing. From eight to ten

minutes are given daily by the head nurse to teaching all the patients in the ward a definite fundamental health principle, such as "What sunshine does for your body," "Water inside and out," etc. The student nurse assists the graduate nurse in the individual health instruction which has been previously determined upon as necessary for the particular patient. In other words, the hospital wards can become not only a place for the curing of the body but also a source for information on individual health.

In the institution just mentioned it is the dietitian who gives the individual instruction in foods to all patients who have food idiosyncrasies or who seem generally ignorant of food values.

In order that the family may become the unit in health promotion, many institutions have already recognised the importance of the community public health organisation to carry on where the institution must necessarily leave off; and thus upon discharge the patient and his family are referred to the public health organisation for health supervision.

Secondly, consider the private duty or special nurse. Does she not lack some of the fundamentals which keep the public health nurse loyal, stimulated, alert and progressive? What if a graduate nurse entering this field could enter an organised unit with a leader in charge with regular specified staff conferences and plans for continuous education? Would not the problems of the private duty nurse as she now faces the community largely vanish? The community registry as it is being thought of now is probably the best answer to the needs of the special nurse. Her field for the promotion of health and prevention of disease are as wide as that of the public health nurse and can be dealt with just as completely.

The graduate nurses who become assistants in doctors' offices or those who enter the industrial field have problems peculiar to each of their own fields, and undoubtedly would gain strength, knowledge and enthusiasm through a close union of their own group. Some intensive studies of the industrial nurse are being made in the States to work out the larger field for this graduate nurse. I presume you have all read of the three months' experiment which has just been completed in New York City. The Commissioner of Health offered to any practising physician within a certain area a public health nurse to assist him one afternoon a week. This nurse was to report on the day which the doctor would set aside as baby's day. The nurse was to weigh and measure the children and reinforce such health advice as the doctor gave. At the doctor's request she was also to make home visits for further instruction and supervision. The published reports of this experiment are being eagerly awaited. It is not inconceivable that the doctor's office assistant may be a part of the regular staff of the public health nursing organisation, with assignments to other duties when office hours are not in effect. Her influence in the field of prevention and promotion of health, as well as that of the industrial nurse, is vital and unlimited.

The dispensary, out-patient department or clinic offers the same opportunities for organisation of staff, staff education and supervision as does that of the hospital proper. The facilities for individual and group health teaching are unlimited. Here, for instance, the most effective work can be done with such a group as cardiacs. Weekly weighing with a discussion of individual health habits can make the subject of the lesson vital indeed. The same method can be used with the patients with tuberculosis. The group method used with the patients of the pre-natal clinic is perhaps the most constructive of all, because of its effect upon the unborn baby as well as the mother. Group teaching with the diabetic or nephritic patient can probably be most

effectively treated by the trained nutritionist, who is now a member of the staff of every modern hospital and dispensary.

In some communities it might be more effective to have the same nurse from the dispensary deal with health promotion in the families of these same patients, but on the whole I feel that the community public health organisation should be charged with these matters. With complete and regular reporting of these agencies, one to the other, no helpful material should be lost.

All of us as nurses need to think in the larger terms of health for the individual. Whether it is better done as the public health nurse does it is still a grave question. However, results are bound to come when any great body of professional people unite themselves in a common cause. The great common cause becomes a lost one unless there are leaders willing to stimulate, guide and direct.

Social Service Work and its Relation to the Psychiatric Nurse

By THELMA I. JACKSON, Social Service Worker, Ontario Hospital, Woodstock, Ont.

There has come into being a new field of service for the nurse trained in the care of the mentally ill. This is due to the forming of Mental Hygiene Clinics throughout Ontario. The clinics, twelve in number, are called the Mental Health Clinics of Ontario. Dr. McGhie, superintendent of the Orillia Hospital, is the director.

The overcrowding in mental institutions and the increase in delinquency are among the most perplexing questions with which Ontario is at present confronted. The clinics were organised primarily to reach the individual before the individual reached an institution. This method will not only relieve the congested conditions, but make useful citizens from would-be dependents.

The clinic will deal with any individual who has become a social and community problem. The problem may surround a mentally sub-normal child. The child may be misunderstood and maladjusted, consequently he is not receiving the proper care in his own home. The clinic will immediately set about to find out if the cause is a physical, congenital or environmental one. Only by ascertaining the cause can a cure be effected.

Another type of problem may be an individual showing early mental trends. These may be characterised by delusions, peculiar behaviour, or intensified false impressions. The discovery and dispersal, by the understanding of a trained psychologist, may often allay or prevent the onset of a psychosis.

The clinic staff consists of a psychiatrist, psychologist, and social worker. The social worker has the following duties: She visits the home, first making a friendly contact, and insuring the co-operation of the family. She must tactfully and indirectly find the reasons which might have led to the present conditions. This requires patience, personality, and perseverance—it is called the three great "P's" of a social worker's character. She must be skilled in recognising disease and be able to cope successfully with an immediate situa-

tion. She must have the intelligence necessary to reasons facts from untruths and make herself adaptable to any total situation. The social worker must have the ability to teach and hold the interest of anyone concerned with her case. This necessitates time and worry, together with the spending of many hours in work. Often she will not recognise, in fact seldom does, any immediate benefit reaped from her work. The reaping of benefits will be done by future generations, so she must not look for any encouragement in that way. It requires one who can hold this ideal steadfast to keep the thought of a thankless task from her.

I will not stop to enumerate the many duties of a social worker. However, one of interest is the teaching of home training to the mothers of mentally sub-normal children. This includes sense training, early habit training, kindergarten and language training.

To summarise, why do we link this with psychiatric nursing? Who, may I ask, has a better background for this work than a psychiatric nurse? A nurse trained in caring for the mentally ill is exceptionally adaptable to such a position. She is taught from the earliest days in her training to be alert. She has learned how to discern abnormalities from normalities, and to find the reason for an abnormality if it exists. She has acquired tactfulness, patience, and perseverance, due to caring for mental patients. A psychiatric nurse must needs be constructive and capable. This is learned through re-educating mental patients by direct association. Above all, she realises the seriousness and import of the growing menace of mental disease.

Taking this as a basis for a broader and deeper study of economics, sociology, and psychology, a psychiatric nurse may specialise endlessly in social service work. She will meet with numberless practical demonstrations every day which will encourage her to delve deeper and deeper into the study of human behaviour. Social service is a broad field, a vitally interesting study which demands the best of anyone involved in the work.

A NEW DEFINITION

"God pity the poor case-worker in an age like this. All we ask of her is perfection; she must be impeccable, infallible, omniscient. She works by the day at rushing in where angels fear to tread, between man and wife, parents and children, neighbour and neighbour, lover and mistress, a cobwebby world of the most delicate and sacred relations. To succeed all she needs is the wisdom of the serpent, the gentleness of the suckling dove, the skin of a rhinoceros and the constitution of an ox. Our ideal case-worker would be a mingling of Lincoln, Shakespeare and St. Francis of Assisi with a heavy dash of St. Paul and Queen Elizabeth."—*Leon Whipple.*

New Movements Among Women in India

By L. A. UNDERHILL, late of the Peshawar Hospital, North-West Frontier, India

India is before the minds of all, a patient in a critical condition, and some are anxious and some are puzzled, for reports seem contradictory and it is hard to know what to believe. The press speaks of riots and unrest, and it is true. "The Unchanging East," as we once termed it, and India in particular, is changing with a bewildering rapidity, and rapid change in the history of any country is always a dangerous time, but it is also a time of unique opportunity.

Today great new movements, for better and for worse, are surging across India, and the unrest, the stirring which results, may and does so easily become chaotic; or it may be a righteous unrest, a desire for better things. The changes that are the most remarkable, the most rapid and almost wholly for good are those among the women. In the fact that the women of India, or at least the advanced and educated section of them, are aroused and are demanding for Indian womanhood emancipation from customs that have held them in cruel oppression for centuries, lies hope for the future of India, more especially because the women put the solving of social problems before political. Since the new movements are largely among the women, the influence is in the hands of women. It is an Indian proverb that says "A cart cannot run on one wheel," and both men and women are realising that the new national life of India cannot be balanced or truly progressive unless and until the women are able to take their share in it.

So there is a movement to throw off *purdah*, the custom of the seclusion of women, which exists with most rigidity in the North. This custom is a bad one and must go, though it has been necessary for the protection of women. On the physical side it means a limitation that would be imprisonment to women of the West. Many a wife never crosses the threshold of her husband's house from the day she enters it as a girl of 12 or 14, for the rest of her life or at least till she has borne several children. Others may go out in closed carriages, and the less restricted may walk, covered with sheet-like garments completely hiding face and figure. They suffer most seriously from lack of exercise and are starved, not for want of food, but for light and air. Tuberculosis is consequently ten times more common among women than among men; osteomalacia (never found among men) is terribly common, with its resulting pelvic deformity, making Caesarian section the only way of escape in pregnancy.

The physical results are bad, but the mental results are worse. Women so secluded can have no knowledge of life, of the outer world, or of their own country; their minds are stagnant and chiefly occupied with the petty details of family life and their neighbours' gossip. Till now they have been content with their lot, taking it as a matter of course, just as women of the West take our position of freedom and equality. And now the women are demanding suddenly and with an impatient insistence the same freedom as their European sisters, an equal status with their menfolk, equal education, equal rights of inheritance —in fact, that absolute position of equality which has taken the West a hundred years or so to achieve. But in India neither men nor women are ready for the sudden removal of *purdah;* they must be educated up to it, and everything depends on the way in which this is done. Education of any sort for women and girls is woefully behind that for men and boys. Of the first thousand women who passed through one of our district welfare centres, only two could read or write at all. The Simon Commission Report states that in all India there are less than 2,000 women in Arts Colleges, while the number of

(From The Nursing Times, October 4, 1930.)

men students in the same is over 64,000. It is clear that female education is the crying need of India, but only that which trains character and lays the foundations of the new freedom on moral standards, law and order, can fit India's girlhood to take its place in the new national life. That "the women's movement holds the key of progress" (Simon Report) is indeed true. Here is the opportunity, and not less here lies the danger. Take the new demand that divorce be made available for women as for men. This brings problems enough in the West, but what would it mean in India, where almost every girl is married at puberty before she knows what marriage means, where she has no say in the choice of her husband, where the man to whom she is allotted may be twice or three times her age, when he is one whom, before marriage, she has never seen?

The Helplessness of Ignorance

Take the demand for equal rights of inheritance. An Indian woman has no rights! If she has property or land, it will be held for her by her father, then her husband, then her son, even her grandson. And this, like *purdah*, was a necessary law, introduced for the sake of protection. She has no bank account, no cheque book; she could not read, she was utterly ignorant of the world. Indeed, she is looked upon as a piece of property herself; 150 rupees (£12 approx.) is an average price for a woman in the North. When paying a farewell visit to my old hospital at Peshawar on the frontier, I saw a Pathan who had brought his wife, a girl of 16, to the hospital. He was apparently kind to her, but he told us rather as a joke what a bargain she had been—he had got her for 13 rupees (6d. less than a pound) because she was going blind.

The fact is unmistakable that woman is always cheap except where Christian standards exist, for it is everywhere the religion that decides the value of the woman. This fact is very apparent as one goes East. We in the West are apt to think that the high status of our women is the result of civilisation, but India's civilisation is far older than ours. Study the laws of Islam, of Hinduism, of Christianity, and the outlook with regard to women in the various sacred books; only in one will you find "all are equal, bond or free, male or female." See these religions at work in real life, in the customs of the people, which are invariably linked to and founded on religion. *Purdah*, child-marriage, the curse of widowhood, are some of the results in India; the worth and true freedom of each individual soul of either sex is recognised in Christianity alone. Strange anomaly, that we of the West should have all the advantages Christ came to bring, when He came as an Eastern! It means neither more nor less than that we are in debt to the East. We owe it, not to give, but to give back to the East what came to us from the East long ago.

Child Marriage

One of the most remarkable of the new movements among women, and one in which advanced Indian women are themselves the prime movers, is that to abolish child-marriage. It is true that the law has now been passed fixing the minimum marriage age for girls at 14 and for boys at 18; but it is extraordinarily difficult in the face of the mass of public opinion to enforce such a law in a country as vast as India, where there is as yet no satisfactory registration of births, marriages and deaths. It is the medical people who go behind the scenes; and few if any but those engaged in medical or nursing work in India have any idea of the needless suffering and the utter waste of life (both maternal and infantile) which is largely the result of child-marriage and immature motherhood. Maternal mortality is appallingly high, and it is significant that in India by far the highest female death-rate occurs between the ages of 10 and 16. I have known mothers of 11 and 12, girls of 15 who have had two or three children, grandmothers of 22 and 24. Behind this custom of child-marriage, which is India's crying wrong, is

religion; for Hinduism, even if it does not actually ordain it in its sacred books, advises puberty as the correct time for the consummation of marriage. But the weight of public opinion for the abolition of child-marriage in India is steadily growing, and that in the face of strong opposition from the orthodox, and here there is great hope.

This social evil is being tackled in three ways:

(1) By the medical women working in India to alleviate the sufferings of women and girls in their hour of need. But how appallingly inadequate is the supply! Excluding partly or locally trained women doing useful work, there are but 400 fully qualified women doctors for the 150 million female population of India. It is said that 70 per cent. of the people of India are still out of reach of medical aid.

(2) By welfare work, which is one of the finest of the new movements in India—indeed, it is the new expression of service for the new needs there, and the lack of medical aid makes preventive work doubly necessary. Yet here again the supply is tragically short of the demand, for India has only 450 fully qualified health workers. Welfare work is comparatively new in England; but much newer in India. Twenty years ago it would have met with suspicion and misunderstanding; now it is wanted everywhere, and here lies its great influence. The work penetrates to the homes of the people, and therefore, to the heart of India, reaching the elderly and illiterate women who are frequently the chief obstacle to all reform. In welfare work we have the best means possible for combating the opposition to child-marriage and other bad customs; and whereas hospitals, women's clubs and institutes and educational centres are situated in the cities and larger towns, welfare is essentially an influence in the villages, and it must be remembered that India's population is 87 per cent. rural.

Welfare Workers

Here we are faced with a difficulty so overwhelming that it may not be ignored—the finding of sufficient women able and willing to become welfare workers. They must, of course, be Indians for India, although trained at the centres under British supervision and instruction. The long practice of *purdah* does not tend to produce women with character sufficient to face isolation and responsibility, or with initiative to face public opinion by preaching in the villages entirely foreign ideas of sanitation and hygiene, both among men and women. "What was sufficient for our fathers is enough for us," say the simple, unprogressive village folk at the start.

There are some fine exceptions, but the fact remains that the only women as a body ready and equal to the new service of welfare work are the Christians. They have the education to take it up, for in that community, as a matter of course, the girls are educated like the boys. Being Christians, they are not secluded, and therefore are able to tackle men as well as women on health matters. By becoming Christians they have already had to face adverse public opinion, and this has developed their characters and enabled them to cope with difficulty and isolation. Though few are perfect, they have higher ideals, honesty of purpose and a desire to serve Hindu, Mohammedan or outcaste impartially—a trait which, it is admitted, is not found among women of any other religious views. Recently a letter reached me from the head of the Government Health School in the Punjab, a British woman, in which she wrote: "I am always being asked for Christian welfare workers and certainly we get by far the best results from them."

When I was helping to start a centre for the families of Indian officers and sepoys of the native regiments in Jhelum, there came one day to my bungalow three men, the three religious leaders of the Hindus, Mussulmans and Sikhs, and said: "When you get the woman worker of whom

you have spoken, get us a Christian; then she will serve all our women alike." To them it seemed an ordinary request; to me it was astounding, coming from these men. Christianity is a vital force energising to service in East or West, and in India, as the president of the All-India Christian Conference stated: "Today Christian women form the majority of women workers devoting their lives to the service of their countrywomen . . . In the field of medicine, nursing, public health, social service and teaching, Indian Christian women have been pioneers."

(3) The problem of child-marriage is being tackled not only by means of medical and preventive work, but through the educative teaching which can be given on this matter in schools to boys as well as girls. In one Mission High School for boys which I know well, the first rule of that school is that any boy under eighteen who is married pays double fees. When I first visited the school in 1905, I took a photograph of a group of small boys, all under *nine* years of age, all officially married. Then 90 per cent. were married at twelve. Today, among the 1,500 young men and boys in the central and branch schools, not a dozen under eighteen are married. Parents cannot afford to pay double fees and keep a daughter-in-law, and that one excellent rule, combined with the accompanying teaching has done more than legislation alone could ever accomplish, to change the outlook with regard to women and raise the age of marriage in the State of Kashmir.

Status of Hindu Widows

The last of many new movements among the women of India that I would mention is the one to remove the curse of widowhood. Among Hindus a widow may never re-marry. She is to blame for her husband's death, though her sin may be unknown to her and have occurred in a past incarnation; she is accursed and a misfortune to the family. She wears no ornaments, she can expect but one meal a day and is a servant or even a slave, dependent upon her late husband's relations. Many of these widows are young girls; some are children whose marriage has never been consummated, and yet who are condemned by religion and custom to a life of misery, penance and often immorality all their days. Hindu reformers are themselves agitating against such a fate and wish that re-marriage should be allowed. One Hindu agency issues a monthly pamphlet to promote re-marriage, in which is a list of widows, their names, ages and other details about them, who are thus put forward by their husband's relations, or who put themselves forward for re-marriage. In the same paper is a list of men brave enough to face orthodox public opinion and marry widows. Then the agency arranges the marriages. This seems to us a crude form of advertisement, and the method is full of danger, but it is an attempt at reform and at finding a solution of the problem of the 26,000,000 widows of India.

What answer has Christianity to make to such a problem as this? Christianity can always go as far as, and much farther than any other "reform." Not only does it allow the re-marriage of widows, but it proves that those who have been considered a curse can become wanted and even welcome, for it is widows who, when trained, prove most useful welfare workers. They are usually older and have more experience of life than the others and the work opens a new sphere of interest and object in life for them. I think of the centre referred to before, where the worker in charge is a highly trained Christian widow. As a Hindu widow she would have been despised—now, as a Christian in this service, she is loved and wanted by all around her.

So much of the contact with the West has proved destructive and old customs which affect the life of India are being swept away; what is essential is that something constructive be found to put in their place. The majority of the women of India are as

yet hardly affected by modern political tendencies and by communism, and on the whole have never been so open to friendship as they are now. The tragedy is that British women, with the exception of those definitely serving in Government or mission work, are not aware of this and, because of the present unrest and difficulties in the country, tend to have as little contact as possible with the women around them. . . . India is full of need—one grows rather tired of talking of the need—rather, it has never been understood!

And the supply? Four hundred fully qualified women doctors and about the same small number of health workers. As regards nurses, I find in England an average of one nurse to every three or four beds; in the mission hospitals of India, which are among the best managed, there is one fully trained nurse to every sixty beds, and in some hospitals no trained nurse at all. One of our largest London hospitals has over five hundred nurses on its staff and a private staff of two hundred more, while, putting all the missionary societies' staffs together, there are but 535 nurses working in their hospitals throughout the world!

India has a special claim on us, for it is within the Empire. There are primitive hospitals in some parts, large up-to-date hospitals in others; there is growing public health work, with the urgent necessity for training nurses and midwives—a tremendous need of, and sphere for, service. At all times there has been the need, but never have the health services been so essential as they are today. Practically the outlook in India may appear dark; from the point of view of opportunity for service and for influence it has never been so bright and, may I add, in spite of its difficulties, so alluring?

Perhaps the facts of the present state of affairs, the danger, the opportunity, and above all, the awakening of womanhood in India, constitute a call to us. And in the words of the Toc H ceremonial, "What is Service? The rent that we pay for our room on the earth."

We who live in a large room, a great Empire, have a heavy rent to pay, and there is no payment in coin or kind so acceptable or so influential, especially in times of strain or unrest, as the ministry of healing.

The writer of the foregoing article possesses an intimate knowledge of life in India where she was born, the daughter of British missionaries. Educated in England and trained as a nurse in the Norfolk and Norwich Hospital, she met Dr. V. H. Starr at the hospital in Peshawar and subsequently married him. In less than two years after their marriage Dr. Starr was brutally murdered by natives in the presence of his wife. After an interval, Mrs. Starr resumed her work at the hospital. Later she wrote a most interesting book entitled "Tales of Tirah and Lesser Tibet," which was published following her heroic rescue of Miss Mollie Ellis, who had been carried off by natives after they had murdered her mother.

In the Foreward of this book Sir John Maffey, then Commander-in-Chief of British Forces in India, writes, in part:

"Mrs. Starr has chosen for her part in life the task of ministering to the tribal folk of the Peshawar border, such of them as chance or need brings to the little hospital outside the city wall. Here, on a dark night in winter, she saw her husband murdered by tribal fanatics. Here, undismayed, she held pluckily to her life's work, learning to know these people and their language. And then came the urgent call which proved her justified.

"A sudden tragedy befell, which found the vast civil and military departments of Government as helpless as men with hands tied behind them. An English girl in the hands of ruffians somewhere across the border! All the King's horses and all the King's men could only make matters worse, and British prestige shone dim.

"'But in the story of the land,
A Lady with a Lamp shall stand.'

"With the charm of her fair face and a woman's courage she carried our standard for us behind those iron hills where no Englishman may pass. She had the great joy of bringing back to us the English girl, unscathed and uninjured, and she made a British mark on the heart of Tirah better than all the drums and tramplings of an army corps."

Early in February, 1924, Mrs. Starr married Major G. E. C. Underhill, a British Army officer, Punjab, India.

—EDITOR.

Schoolroom Instruction for Tuberculosis Children

By MARY REGAN, Teacher, Fort Qu'Appelle Sanatorium, Saskatchewan.

In the Children's Pavilion, Fort Qu'Appelle Sanatorium, there are from thirty to forty children of school age. The more fortunate ones may have to stay only a few months; to these the question of employment which will help the long hours to pass pleasantly and profitably is not very important. However, there are many others who have to stay a much longer period: some children remain in the pavilion as long as five years. To these the question of filling in their time advantageously is very important. Many of these patients do not feel sick. For example, a child suffering from bone disease is not in pain after he is placed in a cast, in fact he feels quite well. Even those who have glandular or pulmonary tuberculosis are apparently well enough to be doing something; some are able for only light work such as reading, writing or sewing, while others are ready for any game from "Nurses and Doctors" to "Cow-boys and Bronchos." The patients have regular hours, long nights of sleep and all the rest they will take during the day. Naturally they have plenty of energy to use in the time they are off the routine rest periods, and if they are not given employment they find their own, or Satan will find mischief for idle hands to do!

The teacher in the Children's Pavilion has the duty of employing these lively minds for a part of the time not taken up by the Sanatorium quiet hours. The maximum time that any pupil has in school is two hours a day. The doctor decides which patients may have bed-side teaching or go to the school room, and for how long in each case. Pupils usually begin with half an hour and gradually increase to the maximum.

SCHOOL ROOM, SASKATCHEWAN SANATORIUM

The attractive little schoolroom, which was furnished by Mrs. W. M. Martin from a purse presented her by the ladies of the Imperial Order of the Daughters of the Empire on her retiring from the Provincial Regency, accommodates about twenty pupils, has up-to-date equipment and boasts an enviable library of over six hundred books. This room is intended for those pupils who are able to walk a short distance. The children all look forward to having "school-

room exercise" as it is a pleasant change from studying in bed.

Visitors have been surprised to see how the children manage to write in bed, even though they may be strapped down on frames, on their backs in body casts or in very peculiar crouching positions. Portable black boards are used which are indeed a great help in teaching the bed patients.

The teacher's first duty is to arrange the group of pupils into classes so that each child will receive his or her correct amount of time, at a period that will conveniently fit in with special treatments, rest and meals. When this is done and has the approval of the matron, the work begins in earnest. The school hours in the Fort Qu'Appelle Sanatorium are at present from 9 a.m. to 12 noon and from 1 p.m. to 3 p.m. These hours, of course, vary according to the conditions and location of patients.

In winter the classes are necessarily smaller than in summer, as the children have to be in the wards which hold from four to eight beds. In summer the girls are all taken on the girls' balcony, and the boys on the boys' balcony. These classes include various grades, both public and high school.

The children are so varied in condition of health and in advancement in their school work that it is impossible to follow the curriculum grade for grade in the short school days. The most important thing is to keep every child actively engaged in one of the fundamental subjects of the curriculum. In the selection of a subject one must be guided by the physical condition and interest of the child, for a pupil may not be well enough for as strenuous work as arithmetic, yet may be delighted to read.

A good deal of time in the lower grades is spent in teaching the children, first, to read well so that they will enjoy reading—reading is such a splendid source of entertainment for children with so many otherwise idle hours; second, in teaching them to write well and comfortably. This is necessary as they are delighted to be able to correspond with parents, brothers and sisters, and other children. These little ones are always very interested, too, in learning to do any form of finger work such as kindergarten occupations, especially if they "may keep it (the work) and do it out of school time." Nurses who have taken care of children will appreciate what a help it is when their patients have work with which to amuse themselves.

In the higher grades a great deal of time is spent on English and mathematics, while the pupils enjoy reading history, geography, and many stories in the hours after school time, providing enough of this work is taken in school time to hold the interest. The older ones, too, take a delight in finger work, the girls especially in sewing and fancy work. They find it such a pleasant relief from reading, and it has an economic value as well as being excellent training. The sewing class is the Friday afternoon treat, for while the girls are sewing an interesting book is read aloud to the class. While some of the boys like fancy work most of them are more interested in framing, or binding into books, pictures which they have collected. The boys are very fond of any kind of mechanical construction toy.

Though with the short school day and the continual change of pupils, the curriculum cannot be followed as in a regular school, still it is very gratifying to see how well the majority of pupils do progress. This is probably because the children are ready and willing to learn; it is their only work and they prefer it to idleness. Then, too, the instruction is practically individual, and the teacher is able to know each child and his or her difficulties personally. The bright child, therefore, may progress just as fast as he or she is able, while the child who needs to travel more slowly is able to take time to be

(Concluded on page 652)

Miss Kathleen W. Ellis

Early in November Miss Kathleen W. Ellis became Superintendent of Nurses of the School of Nursing, Winnipeg General Hospital, Winnipeg, Manitoba.

Miss Ellis, who is First Vice-President of the Canadian Nurses Association, graduated from the Johns Hopkins Hospital School of Nursing, Baltimore, in 1915. Shortly afterwards she returned to her native province, British Columbia, where, during the latter part of the war she was Matron of the Military Hospital on Vancouver Island.

Following a year spent as Supervisor of the Operating Room, Henry Ford Hospital, Detroit, Miss Ellis was appointed Second Assistant Superintendent of Nurses, Toronto General Hospital, Toronto, and in 1921 she succeeded Miss Ethel Johns as Superintendent of Nurses, Vancouver General Hospital, when Miss Johns became Assistant Professor of Nursing at the University of British Columbia. Nurses in Canada and especially those in British Columbia are greatly indebted to the contribution made toward nursing education by Miss Ellis and Miss Johns in the development of the five-year course in nursing established in the University of British Columbia and the Vancouver General Hospital.

MISS KATHLEEN W. ELLIS

While in Vancouver Miss Ellis took an interest in local and provincial nursing organisations when she served first as President of the Vancouver Graduate Nurses Association, and then as President of the British Columbia Graduate Nurses Association for three years.

Following her resignation in July, 1929, Miss Ellis went abroad, where she attended the post-graduate course in public health nursing at Bedford College, London, under the auspices of the League of Red Cross Societies. This course included observation work in England, Austria, Germany, Belgium, and Czechoslovakia.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss ANNIE LAWRIE, Royal Alexandra Hospital, Edmonton, Alta.

Dietetic Course for Nurses and the Relationship of the Dietetic Department to the School of Nursing

By GRACE M. FAIRLEY, Superintendent of Nurses, Vancouver General Hospital, Vancouver, B.C.

There is no department with which the School of Nursing is more closely allied or with which there is greater need for co-operation than the Dietary Department, from the point of view of

(a) the patients' meals (as such),
(b) treatment of the disease,
(c) education of the student nurse.

Considering the question of meals, is it not the nurse who in the final analysis is responsible for the service of a meal she has no part in the making? However well cooked the meal, if it is poorly served, the fault may be the student's, but it is the dietary department that gets the criticism. If the meal is not well prepared or if there is any complaint on the part of the patient, either of preparation or service, is it not the head nurse who receives the criticism? Surely, then, it is necessary for a very great appreciation of the dietary department by the nurse and by the dietitian of the school of nursing.

At the present time diet forms as important a part in the treatment of disease (whether by test meal or suitable nourishment) as any other branch of medicine or surgery. Take, for instance, such cases as nephritis, diabetes, obesity, malnutrition, etc., all requiring adjustments of diet, that are so important to the patient. It is equally important to the patient that the nurse understands the individual needs and orders in diet as it is for her to know the content of a prescription, its effect and result.

Responsibility of Ward Service: It is difficult to decide which is the ideal way of placing responsibility, but where the staff is adequate and the layout of the hospital suitable, there should be some member of the dietetic staff in the ward kitchens at meal times—not to remove the responsibility of the head nurse, but to see that the dietitian's responsibility is handed on in just the same way as two nurses would exchange reports when going off or coming on duty.

Here is where the question of co-operation must be stressed, both by the head of the nursing department and the dietitian.

There is a tendency in hospitals for the different departments to be unduly critical of others, usually caused by lack of understanding of each other's problems, and in the case of student nurses they are not always as alert as they might be in avoiding such blunders as the presentation to the patient of some over-cooked or badly prepared food (that may have escaped the dietitian's notice), and in like manner the members of the dietitian's staff are not always as appreciative as they might be of the difficulties that may look like lack of co-operation on the part of the student nurses.

Jurisdiction: The question of whether it is a better arrangement for the dietitian to be on the superintendent of nurses' staff or come directly under the hospital superintendent's jurisdiction is debatable. It depends on the type of hospital and general

(Presented at the Joint Convention of the British Columbia, Western States and North Western States Hospital Associations (Dietitian's Section), August 20, 1930.)

plan of work. There is much to be said for both systems, the outstanding advantage of the former being it lessens the point of possible criticism between two departments that of necessity must work very closely together.

Whichever plan is followed the superintendent of nurses and assistants, especially instructors, have a very real responsibility in seeing that the spirit of co-operation is urged between these two important departments of the hospital. And, again, both the head of the nursing department and the dietitian should be able to discuss problems and receive criticism without any feeling of personality.

Student Nurses' Instruction: From the standpoint of the education of the student nurse the dietitian should take her place on the teaching staff just as any other instructor. Her name should appear in the school calendar, and part of the salaries of the dietetic staff should be charged to the school of nursing.

Curriculum: The outline of the dietetic course should be revised periodically, and at least one member of the dietitian's staff should be a teacher, and her real interest in that part of the student's education should be unquestionable. In small hospitals the dietitian must fill the dual rôle. However good a dietitian may be as such, if she is not interested in the students' course, it is very readily felt by students and staff alike.

At the present time I think the most common system is to have a group of lectures on food values, chemistry of foods, and laboratory work covering the making of simple diets, nourishments, fluids, etc., and service of all foods, during the preliminary course, covering from 20-24 hours, and a later term, probably in the intermediate year, of 12-15 lectures on medical dietetics, with eight weeks' practical work in the diet kitchen.

At least four weeks should be spent in the preparation of special diets and two weeks in the milk laboratory. The latter, if possible, should coincide with the student's pediatric course, but if this cannot be planned the student should be posted for duty in the infants' wards daily—probably in the afternoon or evening—so that she can follow the cases and watch results of the various formulae.

In small or special hospitals where the students get the pediatric course by affiliation, the two weeks' milk laboratory work can be deducted from the diet kitchen term in the parent school and given during the affiliation.

Students should not be given repetitive routine kitchen duties which can be done equally satisfactorily by a maid: many hospitals are guilty of this form of exploitation.

Class-room Arrangements: Where there is no suitable laboratory equipment, or difficulty in getting the money to equip one, arrangements can often be made with the Department of Education to use the household science class-rooms. When this is the case the household science teacher should visit the hospital frequently, so that she may know something of the background of the students and adapt the course to suit the hospital curriculum, unless the hospital staff goes to the high school and gives the instruction as is sometimes the case.

Travelling Dietitian: The travelling dietitian has proved a satisfactory method of giving the necessary instruction to the students of small hospitals where the dietitian is single-handed and is unable to carry the dual load of teacher and dietitian. She can give this instruction at a reasonably small cost to as many as six to eight hospitals, spending from six to eight weeks in each, or for shorter periods provided it is possible for the students to carry an intensive course by stopping all other class work for the time being.

Outdoor Department: One of the more recent developments in hospitals, and one forced by the newer methods of treatment by diet, and certainly one which, educationally, means much to the student, is the conferences for ex-patients and relatives of patients where there is a dietetic problem. It depends on the physical layout of the hospital whether these conferences are held in the out-patients' department or in some room adjacent to the diet kitchen. The student nurse should be present even if she takes no active part in the instruction of the patient for it gives her a much more graphic picture of the difficulties a patient has when *not* in hospital and yet a patient.

There is one point that I am glad to have an opportunity of mentioning to your Association, which very closely affects the education of the nurse, and that is the need of introducing into the dietitian's undergraduate course some nursing experience, or some type of special dietetic training for graduate nurses who are specialising in medical departments. A dietitian who could not do a urinalysis or give insulin would be as great a handicap either to a patient or a department as a nurse who was not able to calculate a suitable diet for a diabetic patient. This is specially the case in a small hospital where the staff does not permit of both nurse and dietitian directing the diabetic clinics.

These more recent developments affecting both professions create a need for a much closer contact with dietitians and deans of household science colleges by periodic conferences. Hospital dietetics may be only one branch of the household science course, but it is so important that nothing should be left undone to make it as nearly perfect as possible by the correlating of the course to its practical application.

I have felt the need of this contact for a very long time, and therefore welcome the opportunity of expressing my personal views.

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thorough without getting behind the class. The average child is able to complete a grade in approximately one school year and two months. The bright child can do better. One patient started school in the Children's Pavilion in January, 1927, having successfully written her grade eight in June of 1926, but had not attended school in the interval. This child completed her grade nine and ten by June, 1928, and was successful in the four grade ten examinations set by the Department. She was strictly a bed patient and wrote her examinations in bed.

Children in the Sanatorium do well all they can do. While they have short school hours yet there are many hours which can be used for study. With books and material at hand, and the teacher to guide and help with any difficulties, there are great opportunities for progress.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 153 Bedford Road, Toronto, Ont.

Gentleness and Skill

By CHRISTENA M. MUNRO, Convener, Private Duty Section, Saskatchewan

Gentleness is, to a certain extent at least, a gift. One can see that in the operating room every day. One doctor performs a comparatively difficult operation apparently with ease, while another does a similar operation with evidence of undergoing an ordeal. Natural adaptability and practice will result in the development of this gift.

Frequently one sees simple manipulations done in the hospital which tax the patience of nurse, operator and patient, such as the removal of ordinary dressings from suppurating wounds, and of adhesive plaster. The patient has a right to expect that the removal or change of soiled dressing should not prove an ordeal. A sticky dressing does not come off easily and its removal causes pain. A few minutes spent in soaking the dressings in an alkaline solution will do much to prevent this and creates in the patient a confidence in the nurse which will make easier for both patient and nurse any future procedures. The harsh removal of a wide strip or strips of adhesive plaster merely to show the patient how quickly it can be done is as crude as it is unnecessary.

Reflecting on what the writer has had occasion to see for herself, she may be pardoned for pointing out that gentleness in all manipulations in nursing should be practised. It is a serious mistake to cause pain and shock if they can be at all avoided. Very often even the thought of the removal of an abdominal drain frightens the patient, and frequently symptoms of mild shock may follow its removal. This can be overcome by the taking of more time and the removing of the drain gradually.

The nurse can do much to alleviate the fear of the patient by speaking in a confident manner of the beneficial task she is about to perform.

In developing the gift of gentleness not only must one acquire a soft touch and ability to handle carefully, but thought and consideration for others, cheerfulness, courtesy, kindness, tact and loyalty must also be developed to a high degree. And though the mode of our modern life is not conducive to the development of these characteristics, is it too much to appeal to nurses to ignore, in the performance of their task of healing, the spirit of the times, which spells "Speed," and to urge that in its stead they follow the more kindly spirit "Heed."

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,

The Relationship of the Nurse to her Board of Management

By MARY C. McCUAIG, Superintendent, Edmonton Branch, Victorian Order of Nurses.

The subject which I have been asked to discuss is a broad one and would vary somewhat in different districts, however, the same relationship to a certain extent must exist. This relationship must be one of the closest co-operation, confidence, deep mutual respect and intimate understanding.

The responsibilities of the board are two-fold. They have a responsibility to the community for the work which they have undertaken to do and a responsibility to those whom they have employed to do this work, their welfare and happiness.

To these falls the tiresome duty of collecting money, attending meetings, serving on committees, promoting publicity and gaining a knowledge for themselves that they may fulfil the obligations which they have undertaken, namely, that of legislation. To conserve the continuity of the organisation's work they must keep themselves informed of developments in their special fields of work as well as the needs and problems of the community. (The nurses are but transients even when they are permanent.)

The nurses of today have the advantage of a much better preparation for leadership and I think sometimes boards are inclined to pass on some of their responsibility to the nurse in whom they have confidence. Perhaps nurses themselves in their enthusiasm accept responsibilities which would be better left with the board. There is always the danger, in giving up responsibilities, of losing interest.

The nurse has indeed a very great responsibility to her board. It is only through her that the work which they have planned can be accomplished. It is only through her reports that they get a clear picture of the actual work which is being done. Do her reports give this picture or are they but a jumble of figures?

Do board members know that the nurse's hours are very long, irregular, and tiresome at times, and that she has the responsibility of her patients the twenty-three hours that she is not with them? Do they know the difficulties of transportation, the number of homes she visits and the problems she meets each day? If they do not know these things how can they be expected to understand the needs of the nurse.

It is only by giving them a clear picture of the work that she can hope to retain their interest and enthusiasm. If a nurse were given the anxious duty of raising money, the impersonal duty of legislation and deprived of all direct contact with patients and intercourse with other nurses would her enthusiasm survive? A nurse's report which is interesting enough to incite members to ask questions will give her a better idea of what they know about the work and what they want to know.

The board has a right to expect of its nurse, an intelligent effort to understand their point of view, wise leadership, sound administrative methods, a fearless statement of the nurse's needs and requisites, a wise apportionment of time, that she keep them informed of important developments which are taking place elsewhere and to be responsible for equipment and expenditures, that the powers of usefulness of the organisation may not be reduced and to explain all plans for development.

The nurse must at all times be loyal to her board. If this is not possible a change is necessary, and may prove satisfactory to both. Without intimate understanding and mutual respect no nurse can be fully effective.

The Visiting Nurse as a Health Teacher

By MARY F. CAMPBELL, Superintendent, Halifax Branch, Victorian Order of Nurses

Visiting nursing is, I suppose, one of the oldest forms of nursing. The prime motive in introducing this type of nursing was to give skilled nursing care to the sick in their own homes, chiefly those who could not afford to have the full-time services of a graduate nurse. We are told the nurse visited her patients daily and taught some member of the family to care for the patient between her visits. So you see from the very beginning of her career she endeavoured to teach. It is quite impossible to think of the modern nurse, whether she be hospital, private duty, public health or so-called visiting nurse, without associating her with teaching

The purpose of nursing, as we now understand it, is to care for the sick, promote health, and prevent disease. The latter, viz., promoting health and preventing disease are considered, we think, as fundamental as caring for the sick. In order to do this, the nurse must assume responsibility: to the patient, to the family, and to the community. This is not a small task.

I know of no worker who has the opportunity to study the environment and character of the family as has the visiting nurse. Usually her first visit is made in response to a call of sickness and her ministrations at this time gain the confidence of the family. She is regarded as a friend and as such has unlimited opportunities for giving health instruction.

Then again, in this age when demonstrations are considered the most convincing as well as effectual way of educating the public to the health needs of the community, who has a better opportunity to demonstrate than the visiting nurse when she is actually giving nursing care. Take, for example, where she is called into a home in which a member of the family is suffering from an acute communicable disease. Here she has to teach the mother not only how to care for the sick during the interval between her visits, but how to prevent the spread of the disease. This, to my mind, can be best done by the nurse giving actual nursing care in the home where the mother is able to observe the special precautions regarding her hands, clothing, and anything that has been in contact with the patient. Gratitude for the assistance she has been given will make her anxious to follow instructions. The nurse's advice, too, regarding the care of the other children in the home is much more likely to be taken when the mother is shown the necessity for such care. It is frequently very gratifying to observe the improvement in cleanliness and in living conditions at such a time, which, of course, are very great assets in the prevention of disease.

Or shall we take a home when a member of the family is suffering from diabetes. I cannot think of a case where nursing care and prevention count for so much. You may say this is not positive health teaching; no, but it is prolonging life and, in many cases, years of useful service. Here the patient and family have to be taught how important it is to keep the skin in good condition. To avoid pressure spots, feet should be watched carefully, instruction given regarding preparation of food and amount taken, testing of urine and administering insulin. All these things require a great many lessons that can only be taught by the nurse doing them from day to day.

It is perhaps, however, in the maternity service that the visiting nurse has her greatest opportunity for health teaching. Pre-natal nursing is now, I think, considered the prerogative of the visiting nurse. In many cases this affords an opportunity over a considerable period of time for positive health instruction. It is much less difficult to make your first contact with an expectant mother if you can offer her assistance

at delivery, and nursing care following delivery.

It has been said that "To approach a well man or woman with excellently intended hygienic advice is a difficult proposition." The pre-natal patient is, or should be, a well woman. Many times, however, it is she who approaches the visiting nurse, not that she is particularly interested in health instruction, but she knows the nurse has taken care of her neighbour and she is going to be quite sure that when her time comes to require nursing care she will have it. Then again, I think it is good psychology to expect much better co-operation when services are asked for rather than when the nurse is obliged to, shall I say, insist on giving her services.

There may be children in this home who are undernourished, not eating the proper food or having sufficient rest. Perhaps their teeth are in need of attention. The mother is surprised to hear these teeth are really worth saving and how necessary it is to keep them in good condition until the permanent ones are ready to take their place.

When the time comes for the nurse to give nursing care to mother and baby, perhaps it is an older girl who has the care of these patients the greater part of the day. She is usually eager to watch what is being done for the new baby and very often is an apt pupil. The mother also is learning lessons daily regarding the care of the baby. It is not surprising after all these friendly and helpful visits that this mother when she takes her children to the Health Centre asks for her nurse and is disappointed if she is not there.

(The foregoing papers were read at a Public Health Section Round Table during the Canadian Nurses Association General Meeting, June, 1930.)

THE HOME NURSING FIELD OF TORONTO

Through the courtesy of the Department of Public Health Nursing, University of Toronto, a short course in Teacher Training for Home Nursing Instructors was conducted during October, 1930. The course was given by Miss Kathleen Russell, Director, and Miss Alice Thomson, Supervisor of Pre-natal, Infant and Pre-school Hygiene, and included two lessons on Didactic Instruction in Teaching Procedure, and a demonstration of a bed bath and infant's bath. Thirty-seven nurses attended the course, and judging from the keen desire for further instruction created, the result has been most satisfactory. Twenty-eight new classes have been organised in Toronto since September.

From the inception of Home Nursing in Toronto in 1924, 297 classes have been carried on, with 5,622 women and girls having completed the course. New locations for this work are the branches of the public libraries and the collegiate institutes after school hours.

MANITOBA

Recently in Manitoba the Home Nursing and First Aid Courses of instruction have been changed to meet the requirements of the Department of Education. The length of the course will be two years, and it is to be given to grades VIII and IX wherever possible. The changes made will enable teachers to carry on the classes with the assistance of the nurse instructors. Therefore, nurses in rural districts may now organise classes in rural schools, and thus give all pupils an equal opportunity to receive instruction, assisting teachers by showing them how to start the classes, and coaching them in the work with which they are not familiar. Where teachers are to conduct the classes the following material will be left with them: How to Organise a Home Nursing and First Aid Class, Registration Plans, Lesson Plans, and a sufficient number of Home Nursing and First Aid Manuals for each member of the class. The lesson plans should prove most helpful to nurses and teachers alike. In this regard, instructors are advised to keep to the subject outline, but to develop the theme under the heading "development" in any way they think most suitable to the needs of the class.

DIGEST OF LAWS AND REGULATIONS IN REGISTRATION

On the following pages is published a Digest of Laws and Regulations governing the Registration of Nurses in the Provinces of the Dominion of Canada. Copies of this Digest can now be obtained at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Manitoba. Price, 15 cents per copy.

DIGEST OF LAWS AND REGULATIONS GOVERNING THE REGISTRATION OF NURSES IN THE PROVINCES OF THE DOMINION OF CANADA

PROVINCE AND CITATION	COUNCIL 1. No. of Members. 2. By whom elected. 3. Term of office. 4. Powers.	BOARD OF EXAMINERS 1. Members and Appointment. 2. Department under which organised, if not independent.	TRAINING SCHOOLS 1. Inspection. 2. Hospital requirements. 3. Curriculum. 4. Proof of preliminary education required.	REGISTRATION REQUIREMENTS WITH EXAMINATION 1. Subjects fixed by whom. 2. Age of Applicant. 3. Preliminary education. 4. Professional training.	REGISTRATION REQUIREMENTS WITHOUT EXAMINATION 1. To nurse within the Province. 2. To registered nurse from another province or country.	OTHER DATA 1. Place. 2. Fee. 3. Re Registration Fee. 4. Compulsory or Permissive law. 5. Provision for members not practising.
Alberta "The Registered Nurses Act." April 19, 1916. Amended: April 5, 1917. April 17, 1919. April 19, 1921.	1. 7 members. 2. Association. 3. 2 years. 4. Limited power.	1. Examiners approved by Senate of University of Alberta. 2. Senate of University of Alberta.	1. Inspection arranged by University of Alberta. 2. A school connected with approved general hospital of 40 beds, with daily average of 35 patients. 3. Yes. 4. Yes.	1. Senate of University of Alberta. 2. 3. Grade VIII. 4. 3 years.	1. Graduates resident in Alberta, April, 1916, who possess diploma from school of nursing giving course in medicine, surgery and obstetrics (course of 2 years.) 2. Persons who are registered nurses in any other province or country which has similar requirements.	1. University of Alberta. 2. Five dollars. 3. Annual certificate, fee two dollars; members suspended if fee not paid in February. 4. Permissive. 5. Yes. Non-active list provided.
British Columbia "Registered Nurses Act." April 23, 1918.	1. 12 members. 2. First Council by College of Physicians and Surgeons of British Columbia, holding office until April 1, 1919; then 12 elected by the Association. 3. 2 years. 4. Full power to control registration of nurses and to make by-laws.	1. 4 Members of Association and 2 of College of Physicians and Surgeons appointed annually. 2. Lieutenant-Governor-in-Council makes appointments.	1. By member of Council, or nurse appointed by Council. 2. Approved school connected with general hospital of fifteen beds providing adequate opportunities for 3-year course of instruction and general training in the following departments: medical, surgical, obstetrical and pediatric nursing; or special hospital affiliated with general hospital. Superintendent of nurses and night supervisor must be registered nurses. 3. Arranged by Council. 4. Yes.	1. By law. 2. 21 years. 3. Minimum educational standard 80-90 credits towards matriculation. 4. 3 years.	1. Nurses who were graduates from approved schools of nursing before passing of Act and within three years after. 2. To persons who are registered nurses in any other province or country which has similar requirements.	1. Association. 2. Ten dollars. 3. Yes. 4. Permissive. 5. No provision made for those wishing to temporarily discontinue practice.
Manitoba An Act respecting "The Manitoba Association of Graduate Nurses" (now the Manitoba Association of Registered Nurses). February 15, 1913. Amended: March 27, 1920. February 27, 1923. February 28, 1927. August 25, 1920.	1. Board of Managers, 15 members. 2. Association. 3. 2 years. 4. Full power to control registration of nurses and to make by-laws.	1. Appointed by Board of Managers. 2. University of Manitoba.	1. Inspector appointed by Board of Managers. 2. Approved school connected with general hospitals having daily average of 20 patients. Superintendent a registered nurse. 3. Fixed by Board of Managers, subject to approval of University of Manitoba. 4. Yes.	1. Board of Examiners, subject to approval of Board of Managers. 2. 21 years. 3. 2 years high school. 4. 3 years.	1. To all persons who practised in the Province one year before passing of the Act and upon production of evidence, but not after July, 1916. 2. To persons who are registered nurses in any other province or state having similar requirements. (Provision made for legislation and therefore control of subsidiary nursing worker.)	1. Association. 2. Ten dollars. 3. Annual renewal fee, two dollars. 4. Permissive law. 5. No. Honorary membership granted to those who have rendered distinguished service in nursing profession.

PROVINCE AND CITATION	COUNCIL 1. No. of Members. 2. By whom elected. 3. Term of office. 4. Powers.	BOARD OF EXAMINERS 1. Members and Appointment. 2. Department under which organised, if not independent.	TRAINING SCHOOLS 1. Inspection. 2. Hospital requirements. 3. Curriculum. 4. Proof of preliminary education required.	REGISTRATION REQUIREMENTS WITH EXAMINATION 1. Subjects fixed by whom. 2. Age of Applicant. 3. Preliminary education. 4. Professional training.	REGISTRATION REQUIREMENTS WITHOUT EXAMINATION 1. To nurse within the Province. 2. To registered nurse from another province or country.	OTHER DATA 1. Place. 2. Fee. 3. Re Registration Fee. 4. Compulsory or Permissive law. 5. Provision for members not practising.
New Brunswick "The New Brunswick Association of Registered Nurses." April 29, 1916. Amended: April 13, 1922. July 10, 1924. July 16, 1927.	1. 15 members. 2. Association. 3. One year. 4. Full power to control registration of nurses.	1. 5 Members: 3 nurses members of Board, 2 medical practitioners approved by College of Physicians and Surgeons of New Brunswick. 2. Independent.	1. 2. Hospital within Province, 15 beds; Hospital outside Province, 25 beds. 3. Prescribed by Council. 4. Yes.	1. Board of Examiners. 2. 3. 1 year high school. 4. 3 years, including medical, surgical and obstetrical nursing.	1. (a) To a graduate of a 2-year course prior to April 29, 1916. (b) Any graduate nurse member of New Brunswick Registered Nurses Association after 1916 and before May 9, 1924, and has continued her membership. 2. Persons who are registered nurses in any other province or country holding similar requirements, but must have resided in New Brunswick 3 months before application is made.	1. Association. 2. 3. Non-resident fee, $1.00. 4. Permissive law. 5. Yes, there is a non-active list.
Nova Scotia "The Registered Nurses Association of Nova Scotia." April 22, 1910. Amended: April 29, 1922. March 19, 1926. "The Register".	1. Executive Committee: 24 members: 6 officers, 10 conveners of committees, 8 representatives of local branches. 2. Association. 3. One year; and no member can hold office for more than 3 years in succession unless elected to office of President or Vice-President. 4. Special Legislative Committee with Executive to make by-laws. Full powers to control registration of nurses.	1. 6 Members: 4 from Association and 2 from Nova Scotia Medical Society appointed annually by Lieutenant-Governor-in-Council. 2. Independent.	1. 2. Not less than 25 beds. Superintendent and Night Supervisor must be registered nurses. 3. Prescribed by Council. 4. Yes.	1. In the Act. 2. Male or female, 21 years. 3. 4. 2 years and 6 months services in medical, surgical and obstetrical nursing.	1. (a) Graduates of approved schools of nursing before passing of Act. (b) Graduates of approved schools of nursing within 3 years of passing of Act. 2. To persons who are registered nurses in any other province or country which holds similar requirements.	1. Association. 2. Ten dollars. 3. Annual certificates: required fee, $4.00, payable in September. 4. Permissive law. 5. Yes. Non-active list; return to active list fee, $5.00.
Ontario "Registration of Nurses Act." November 10, 1922.	1. 7 members. 2. Registered Nurses Association 3, Physicians 2, and Inspector of Hospitals and Inspectors of School of Nursing, 2 by Lieutenant-Governor-in-Council. 3. (a) 1 Physician 2 years. (b) 1 Physician 1 year. (c) 1 Nurse 3 years. (d) 1 Nurse 2 years. (e) 1 Nurse 1 year. 4. Full power to control registration of nurses.	1. Appointed by Provincial Department of Health. 2. Department of Health. Lieutenant-Governor-in-Council.	1. Nurse Inspector appointed by Department of Health. 2. Outlined in regulations for the conduct of schools of nursing. 3. Standard set by Department of Health. 4. Yes.	1. Fixed by Council. 2. 21 years. 3. 2 years high school work or a satisfactory substitute therefor. 4. At least 2 years training in one or more hospitals (course outlined).	1. (a) Any nurse who graduated from school of nursing approved by Department of Health before passing of the Act. (b) Any nurse who was in training in approved school of nursing at time of passing of Act. 2. Any nurse who is registered in any country or state under registration satisfactory to Department of Health.	1. Appointed by Inspector. 2. Ten dollars. 3. Annual fee, $1.00. 4. Permissive law. 5. No.

DIGEST OF LAWS AND REGULATIONS GOVERNING THE REGISTRATION OF NURSES IN THE PROVINCES OF THE DOMINION OF CANADA

PROVINCE AND CITATION	COUNCIL 1. No. of Members. 2. By whom elected. 3. Term of office. 4. Powers.	BOARD OF EXAMINERS 1. Members and Appointment. 2. Department under which organised, if not independent.	TRAINING SCHOOLS 1. Inspection. 2. Hospital requirements. 3. Curriculum. 4. Proof of preliminary education required.	REGISTRATION REQUIREMENTS WITH EXAMINATION 1. Subjects fixed by whom. 2. Age of Applicant. 3. Preliminary education. 4. Professional training.	REGISTRATION REQUIREMENTS WITHOUT EXAMINATION 1. To nurse within the Province. 2. To registered nurse from another province or country.	REGISTRATION REQUIREMENTS OTHER DATA 1. Place. 2. Fee. 3. Re Registration Fee. 4. Compulsory or Permissive law. 5. Provision for members not practising.
Prince Edward Island "Registered Nurses Act." May 3, 1922.	1. 7 Members. 2. Association. 3. One year. 4. Full power to control registration of nurses, but revision of by-laws must be subject to approval of Lieutenant-Governor-in-Council.	1. 1 Member of medical staff and superintendents of schools of nursing from Charlottetown Hospital, Prince Edward Island Hospital, Prince County Hospital, appointed by Directors of said hospitals. 2. Independent.	1. Inspection by member of Council. 2. 50 beds: Charlottetown Hospital, Prince Edward Island Hospital, Prince County Hospital. 3. Prescribed by Council. 4. Yes.	1. Board of Examiners. 2. 21 years. 3. Grade VIII. 4. 3 years.	1. (a) Nurses who graduated before passing of Act and within 3 years of same. (b) Persons practising profession of nursing in Province at the time of passing of Act 2. Persons who are registered nurses in any other province or country which has same requirements.	1. Association. 2. $5.00. 3. 4. Permissive law.
Quebec "Association of Registered Nurses for the Province of Quebec." February 14, 1920. Amended: March 21, 1922. March 19, 1925.	1. 10 Members (French and English). 2. Association. 3. 2 years. 4. Full powers. (Vice-Presidents, French and English, required through By-Laws.)	1. 6 Members: 3 French and 3 English appointed by Board of Management for term of 3 years. 2. Independent.	1. Official School Visitor (nurse) appointed by Board of Management. 2. Approved school of nursing connected with a general hospital of 50 beds, with daily average of 35 patients. Superintendent of Nurses, Assistant Superintendent, and Night Supervisor must be registered nurses. Experience and training in medical, surgical and obstetrical nursing required. 3. Minimum, by Association. 4. Yes.	1. Board of Examiners. 2. 21 years. 3. 1 year high school. 4. 3 years (course outlined).	1. (a) To graduate of approved school of nursing who has passed examinations set by Universities of Montreal or Laval, Quebec. (b) To nurse resident in Province who graduated before March 19, 1925. 2. To registered nurse from any other province or country having similar requirements.	1. Appointed by Board of Management. 2. Ten dollars. 3. Annual fee, $2.00, to be paid before June 1st. 4. Permissive law. 5. Yes. Non-active list without fee for members not practising in the Province of Quebec.
Saskatchewan "Saskatchewan Registered Nurses Association." March 10, 1927. Amended to include "Nursing Housekeepers" in 1920.	1. 7 Members. 2. 2 from College of Physicians and Surgeons, Saskatchewan; 5 from Association. 3. One year. 4. Full power under approval of Senate of University of Saskatchewan.	1. 2 doctors and 2 nurses appointed by Senate of University of Saskatchewan after recommendation of Nurses Council. 2. Senate of University of Saskatchewan. All meetings of Board held at University, presided over by President of University. Records kept by Registrar of University.	1. Inspector appointed by University of Saskatchewan, Department of Health. 2. General hospital of 30 beds, with daily average of 20 patients, approved by Department of Health. 3. Recommended by Board of Examiners, and approved by Senate of University of Saskatchewan. 4. Yes.	1. Board of Examiners. 2. 3. 1 year high school. 4. 3 years.	1. All graduate nurses resident in Saskatchewan or in training prior to passing of Act. 2. Duly registered nurses from other provinces or country having similar requirements.	1. University of Saskatchewan. 2. Ten dollars. 3. Annual fee, $2.00. 4. Permissive, but nurses may not use a city registry except by Provincial registration. 5. Yes; provision made for absentees.

News Notes

ALBERTA

EDMONTON: Appointments made recently are: Miss Alice Oliver, Assistant Superintendent, Royal Alexandra Hospital, Edmonton; Miss Little, to Viking, Alta.; Miss D. Watt, Elk Point, Alta.; Miss Vera Lewis, Vermilion, Alta.; Miss Ola Dale, Innisfail, Alta.; Miss Erna Hanna, Fernie, B.C.; and Miss Gladys Thurston, Public Health Work, Kenora, Ont.

BRITISH COLUMBIA

The following list gives standing in order of merit of nurses writing the recent examination for the title and certificate of Registered Nurse of British Columbia:

1ST CLASS—80% AND OVER—Misses E. G. Kerr, St. Paul's Hospital, Vancouver; G. E. Homfray, Vancouver General Hospital; M. F. H. Young, Vancouver General Hospital; F. H. Archer, Provincial Royal Jubilee Hospital, Victoria; M. E. Hallas, Provincial Royal Jubilee Hospital, Victoria; D. M. Findlay; M. A. Palmer; D. I. Davy; F. B. Treavor.

2ND CLASS—65% TO 80%—Misses D. E. MacKenzie, K. J. Patterson, (H. Kilpatrick, A. A. McInnes—equal), E. M. Rose, C. E. Nicol, E. D. Ponsford, G. D. Head, I. McMillan, (D. A. Wilson, B. E. Gregson—equal), E. L. Clement, F. M. Moore, L. M. Kennedy, (K. M. Stewart, M. F. Sutherland—equal), I. J. Beck, (F. C. Eickhoff, M. T. Cardwell—equal), E. D. Rice, B. M. Dunham, (M. Churchill, E. I. Dudgeon, V. M. Snow—equal), (V. B. Thompson, F. M. Woodhull—equal), (E. R. Siteman, H. E. Young—equal), M. Frith, (D. A. Boardman, F. L. Cook—equal), V. E. Stewart, M. G. Grossman, (H. Hillas, E. M. Riddell—equal), H. W. Reilly, (M. M. Dodds, D. A. Hilchey, J. Moore, I. Kent—equal), M. M. MacPhee, (E. R. Eller, M. E. Galliher, N. M. Passmore—equal), E. E. Shorthouse, L. M. Johnson, (S. I. Archibald, E. L. Poland—equal), N. E. Johnston, (B. M. Ford, M. E. Dwyer, G. I. Hilton—equal), I. G. Walton, E. G. M. Gage-Cole; A. E. Copithorne, J. M. Randall, A. K. Pye, (E. L. King, J. J. Radford—equal), E. M. Stokes, (E. R. Haggitt, A. O. Langstaff—equal), E. S. Bowman.

PASSED—50% TO 60%—Misses M. N. Kelly, C. M. Robinson, Sister P. Ignace, M. P. McDiarmid, I. M. Ridgedale, E. M. Snowdon, (E. Lewis, M. D. Hamman, U. E. Lord—equal), (E. M. Chennells, N. E. McMillan—equal), (G. Barclay, I. A. Mitchell—equal), A. M. Patterson, C. M. McAskell, H. S. McKay, (J. A. McDonald, A. E. Houston, D. H. Prentice—equal), M. E. Armstrong, H. K. Wharton, G. E. Cook, K. B. McIntyre, J. L. Clark, V. G. Matheson, H. E. Milton, C. Bonnell, F. M. Cullis, J. T. Purves.

PASSED SUPPLEMENTAL—M. D. Munn.

VANCOUVER: Local nurses had the pleasure of a visit from Miss K. W. Ellis previous to her going to Winnipeg, where she has been appointed Superintendent of Nurses of the Winnipeg General Hospital. Many social functions were given in Miss Ellis' honour by her friends and associates made during the years she was Superintendent of Nurses of the Vancouver General Hospital. The Public Health Section of the B.C.G.N.A. held a dinner on October 30th at the Hotel Georgia when a large group of nurses met Miss Ellis and listened enraptured to her description of her study in public health work abroad. All present were made to realise the benefit of travel and study, and many determined their objective would be a trip for this purpose in the near future. Miss Ellis compared the cities of London and Birmingham, remarking that London with all its old traditions was apparently not able to make progress in public health work in the same way as a city like Birmingham, which isn't hampered so extensively by tradition. In the latter city one is able to observe nursery schools and general community work which demonstrate marked progressiveness.

In describing her visits to foreign countries, Miss Ellis remarked that though she was unable to speak the language of these countries, she was made to feel she was a welcome guest by the way in which she was entertained and given every opportuuity to observe and study. A brief reception following the dinner gave the nurses an opportunity to say farewell to the guest of the evening.

Dr. Weir's questionnaires for the different branches of nursing are being taken very seriously in British Columbia, and the graduate nurses of the province have been endeavouring to get all nurses interested in filling them out. In the city of Vancouver a programme was put on by which several nurses delivered the questionnaires at the homes of the nurses who had not yet sent them in and called for them next day. In this way it is hoped a more satisfactory response will be made with British Columbia showing a hundred per cent. return.

Miss Eleanor Wade, who has spent some time nursing in Australia and South Africa, where she became a registered nurse in each country, is now visiting in England and Wales previous to her return to Vancouver. In a recent letter from Miss Wade she sends her good wishes to all her friends in Canada.

GENERAL HOSPITAL, VANCOUVER: At the last monthly meeting of the Alumnae, held in the rotunda of the "New Home" on November 4th, Miss K. W. Ellis was a most welcome guest, and gave a short but very interesting account of some of her experiences abroad. There was a good attendance, and the sum of sixty dollars was realised on the

gramaphone raffle, Miss Helen Fowler drawing the winning ticket. This money will be spent on Christmas remembrances for sick members. The serious question of unemployment among Alumnae members was again discussed and a committee was appointed to further investigate conditions.

On the 24th of October, a most succesful bridge was held at the Women's Building. A very pleasant time was had and over sixty dollars was added to the Sick Nurses Benefit Fund. Conveners were Miss Christine Corker, Miss A. Hamilton, Miss Helen Fowler and Miss Marguerite Tennant.

MANITOBA

On November 1st the private duty nurses of Winnipeg started on the ten-hour duty day, it being understood that with a new operative case or otherwise seriously ill patient the nurse will remain twelve hours as before. The ten-hour duty has been practised satisfactorily for some time in other Canadian cities, and it is expected that everyone will co-operate to make it prove a success in Winnipeg also.

BRANDON: A regular monthly meeting of the Brandon Graduate Nurses Association was held on November 4th. Miss M. Finlayson, President, presided. Miss E. Carruthers of Winnipeg and Miss H. Houston, Superintendent of Nurses at Ninette Sanatorium were guests at the meeting, when Miss Carruthers gave an interesting talk on "Thrift". An instructive address on "The Dangerous Age" was given by Dr. W. A. Peters, who also gave statistics of births and deaths from certain diseases. At the conclusion of the business session, luncheon was served and a social hour enjoyed. This meeting was under the direction of the Private Duty Section of the Association.

Miss D. Longley, graduate of the Brandon General Hospital, has become a member of the Brandon Mental Hospital staff. Miss Longley is now in charge of the dispensary and the dental clinic.

GENERAL HOSPITAL, WINNIPEG: Miss Ann Effler (1930), and Miss Winnifred Collie have accepted positions on the staff. Miss Lynette Gunn (1920), has been appointed to the staff of the Victorian Order of Nurses in Winnipeg. Miss I. Ashur (1903), visited in Winnipeg during October. On October 22nd, 1930, the Alumnae Association held a most successful guest bridge in the Nurses Home.

Members of the Faculty of the School of Nursing and Class 1931, entertained at a most enjoyable masquerade party on October 30th.

ST. BONIFACE HOSPITAL: Miss Kathleen McKenzie (1927), who has been doing special duty in Chicago, is now visiting her parents in the City. Miss Kathleen McCallum (1928), is in Orillia and Toronto, the guest of Mrs. A. Blue, nee Gladys McEwen. Mrs. Thomas Mobberley, nee Kelly Munroe (1927), who recently underwent an operation, is now convalescing at her home. On November 5th, 1930, the Alumnae held a very successful card party in the Donalda Block.

NEW BRUNSWICK

HOTEL DIEU, CAMPBELLTON: The auditorium of the Composite High School was crowded to full capacity when a host of relatives and friends gathered to witness the formal graduation of eight young women from the School of Nursing of the Hotel Dieu Hospital. Dr. L. G. Pinault, President of Staff, presided as chairman and gave the opening address. Following his remarks, His Worship, Mayor E. Savage, spoke a few well-chosen words. The address to the graduates was delivered by Rev. N. Savoie, P.P., Petit Rocher. The presentation of diplomas, pins and prizes was a most interesting feature of the programme. Rev. T. J. O'Sullivan, of St. John, N.B., gave a brilliant address on the "Philosophy of Nursing". A formal reception at the Nursee' Residence followed.

VICTORIA PUBLIC HOSPITAL, FREDERICTON: Miss Grace Murray, who resigned as Superintendent of the Victoria Public Hospital, has been succeeded by Mrs. Gordon Woodcock, formerly Assistant-Superintendent. Miss E. Brown (1928) has been appointed Assistant Superintendent and Miss E. Trafton (1929) has taken up her duties as instructor.

SAINT JOHN: The regular meeting of the Saint John Local Chapter of Registered Nurses was held in the Lecture Room of the General Public Hospital on October 27th, with Miss E. J. Mitchell, President, in the chair. Representatives to the Local Council of Women were appointed, and it was decided to place a wreath on the War Memorial in King Square on Armistice Day, according to the usual custom. Miss Mitchell, who was a delegate to the Biennial Convention of the C.N.A. in Regina this year, read an interesting report of the meetings. A very instructive talk on hospital treatments observed in the Old Country, given by Dr. John R. Nugent, was much enjoyed.

The funeral of Mrs. Harold Fraser (N.S. Margaret E. Davies) of Springhill, N.S., was held Sunday afternoon, October 26th. In commemoration of her services overseas, Mrs. Fraser was accorded the distinction of a military funeral with honours. Mrs. Fraser was a graduate of the Saint John General Public Hospital in 1914. Much sympathy is felt for Mr. Fraser, himself a war veteran, and for their two small children.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario, in November, 1930, were 1,183. Twenty-three less than in October, 1930.

APPOINTMENTS

HOSPITAL FOR SICK CHILDREN, TORONTO: Miss Cordelia Hoeflin (1928), night supervisor at the Shriners' Hospital, Montreal. Miss Gladys Rogers (1927) to the staff of the

Rockefeller Institute. Miss Winnifred Hudson (1927) to the staff of the Protestant Children's Hospital, Ottawa.

CIVIC HOSPITAL, OTTAWA: Miss Mary Menzies (Royal Victoria Hospital) has resigned as supervisor and accepted a position in the office of Dr. R. S. Stevens. Miss Eleanor Greier (Children's Hospital, Halifax) has severed her connection with the Ottawa Civic Hospital and accepted a position as instructor at the Victoria Hospital, Halifax. Miss Grace Froats (Ottawa Civic Hospital) has accepted a position in the X-Ray Department. Miss Christine Murray (Royal Victoria Hospital) has accepted a position as instructor on the staff.

GRANT MACDONALD TRAINING SCHOOL, TORONTO: Mrs. Caroline Ash (1928) has accepted an appointment as nurse instructor at the Grant MacDonald Training School.

GENERAL HOSPITAL, HAMILTON: Miss Mary Ward (1929) has joined the staff of Hamilton General Hospital.

LONDON: Miss Belva I. Finlay, Reg.N., C.P.H.N., recent graduate in Public Health Nursing, University of Western Ontario, has been appointed supervisor of the Kentville, N.S., Branch of the Victorian Order of Nurses.

DISTRICT 1

VICTORIA HOSPITAL, LONDON: The following graduates of Victoria Hospital are taking the Public Health Course at the University of Western Ontario, London: Misses Jean Aikenhead, Verna Ardiel, Edith Horton, Marion Shore and Gladys MacDougall. Misses Jean Watts and Mary Ferguson are taking the same course at the University of Toronto.

Miss Millie Turner, who has been on the nursing staff of the hospital for the last six years, is leaving shortly to take charge of the Sensenberner Hospital at Kapuskasing, Ont.

GENERAL HOSPITAL, SARNIA: The annual graduation of nurses was held in the Auditorium of the Collegiate Institute and Technical School on September 12th, 1930, when six nurses received diplomas and graduation medals. The address to the graduating class was given by Rev. B. S. Black of Sarnia. Dr. Hunt presented the diplomas and Mrs. Burwell, President of the Hospital Ladies' Aid, the medals. After the exercises Miss Scott, Superintendent of the School, received with the members of the graduating class. A dainty lunch, served by the Hospital Ladies' Aid, was followed by dancing in the school gymnasium. Miss Pearl Lumby (1919) recently resigned from the staff to take a Certified Instructor's Course for Nurses, in the University of Western Ontario, London. Miss K. W. Scott, who has been Superintendent of the Hospital for the past several years, is leaving to take over the superintendency of the Kitchener-Waterloo Hospital, Kitchener. Miss Gertrude Myers, graduate of the Teacher's Course, Department of Nursing of the University of Toronto, 1930, has joined the staff as Instructor of Nurses.

DISTRICT 2

WOODSTOCK: The sympathy of local nurses is extended to Mrs. Pearl Forrester on the death of her husband in Detroit on October 26th, 1930. Mrs. Forrester was formerly Elsie Yetman, Class 1922 of the Hamilton General Hospital.

DISTRICT 4

GENERAL HOSPITAL, HAMILTON: The annual Rummage Sale held on October 23rd was very successful. The proceeds from the Rummage Sale are divided between the Mutual Benefit Fund and the Christmas Cheer for the sick nurses.

DISTRICT 5

WESTERN HOSPITAL, TORONTO: The first regular meeting of the Alumnae Association, since holiday season, was held October 13th, 1930. The special feature of the evening was a talk by Miss Wark, Head Dietitian of Toronto Western Hospital, who gave an outline of the importance of special diets in illness. Great stress was laid on the correct balance of food used in normal diets and attention drawn especially to combination amounts and caloric values of food for special diseases. The regular meeting of the Alumnae Association is held every second Tuesday of the month in the Edith Cavell Residence. To all graduates of The Toronto Western Hospital a special invitation to attend is extended.

Miss Isobelle Riddell (Toronto Western Hospital, 1898), is critically ill in The Toronto Western Hospital. Miss Riddell is a member of the first graduating class.

GRANT MACDONALD TRAINING SCHOOL, TORONTO: Miss Sadie McLaren (1929), who has been visiting in Scotland for the past six weeks has returned to resume her position in Toronto. Miss May Whittal (1930), who is taking the Public Health Course for Nurses at the University of Toronto, was awarded the Alumnae Scholarship for this year. Miss Isabel Lucas (1929), who was awarded the 1929 Scholarship is taking the Public Health Course at the School for Graduate Nurses, McGill University, Montreal.

ALUMNAE, HOSPITAL INSTRUCTORS AND ADMINISTRATORS, UNIVERSITY OF TORONTO: The Alumnae entertained the 1931 Class at a children's Hallowe'en party on Saturday, November 1st. The party was held in the Reception Room of the Toronto General Hospital Nurses Residence which was decorated with owls, goblins, pumpkin lanterns and other Hallowe'en festoons. Children's games and the initiation of the new class provided the entertainment for the evening. Refreshments appropriate for children were served, the final touch being ice cream accompanied with a large three candled birthday cake. The cake was cut by Miss Kathleen Russell, who is in charge of the course at the University.

HOSPITAL FOR SICK CHILDREN, TORONTO: An enjoyable meeting of the Welfare Auxiliary of the Alumnae Association was held in the Nurses Residence on October 20th. There were nineteen present and the afternoon was

spent in sewing baby garments. The guest of honour was Miss Cohen, who is in charge of school nursing in New York City. Meetings of the Auxiliary are held regularly on Monday afternoons at 1.30 p.m. Any members of the Alumnae of the Hospital for Sick Children will be welcome.

Miss Hazel Irish (1927), who recently spent six weeks in England and the Continent. has returned to New York City where she is doing private duty work.

DISTRICT 6

GENERAL HOSPITAL, BELLEVILLE: The regular meeting of the Alumnae was held in the Nurses Residence on November 4th, 1930, with a large number in attendance. On the evening of November 6th, twenty-nine nurses attended the dinner held by the Alumnae in the Queens Hotel. The President of the Association, Miss Stacey, presided.

Miss Helen McKenzie (1929), was called home from Hamilton to attend her father, who is seriously ill.

DISTRICT 8

CIVIC HOSPITAL, OTTAWA: Among recent visitors to the hospital were Miss Lola McLellan (1925), Miss Pearl Farmer (1925) and Elsie McIntyre (1927).

GENERAL HOSPITAL, OTTAWA: The Nurses Alumnae of the Ottawa General Hospital met in the lecture hall of the Nurses' Residence, with Miss J. Roberts in the chair. Rev. Sister Madeline, instructor of nurses, gave a very interesting report of the Catholic Hospitals Convention held in Washington. Miss V. Belier gave a complete report of the General Meeting of the Canadian Nurses Association held in Regina, when Miss Belier represented the Alumnae of the Ottawa General Hospital. Miss Florence Nevins was appointed delegate to attend the Nurses Section of the Ontario Hospital Convention, held in the Royal York Hotel, Toronto. Miss Margaret Flynn and Miss Florence Nevins were appointed joint conveners on Arrangements for the Nurses' Annual Ball, which was held in the Chateau Laurier on November 18th. Miss Isabel McElroy has resumed her duties as night supervisor of the Ottawa General Hospital after a month's holiday.

QUEBEC

THE MONTREAL GENERAL HOSPITAL: Miss L. G. Brady, Miss H. Brockenshire, and Miss E. M. Turnbull (1930), have joined the nursing staff of the Laurentian Sanatorium, Ste. Agathe des Monts. Miss Irene McQuade (1925), has been appointed as assistant superintendent, Woman's General Hospital, Montreal. Miss I. L. Parker (1930), is taking a post graduate course in Operating Room, Montreal General Hospital. Miss Beatrice Hadrill (1917), Miss Clara Jackson (1922), and Miss A. Baker (1930), are attending the School for Graduate Nurses, McGill University.

The sympathy of the Association is extended to Miss F. E. Strumm on the death of her sister; to the Misses Eugelke on the death of their brother; and the Misses Alford on the death of their mother.

C.A.M.C.N.S.

The second meeting of the Overseas Nursing Sisters' Association of Canada was held in Regina, June 26th, 1930.

Nineteen members were present, and keen interest was shown.

Associations represented by delegates were: Vancouver, Miss M. Duffield; Calgary, Miss Marion Lavell; Winnipeg, Mrs. J. F. Morrison; Edmonton, Miss J. N. Chinneck; Regina, Miss I. Stewart; Montreal, Miss E. Frances Upton. The associations of Victoria, Kingston, Hamilton, Toronto, Windsor, and Halifax sent their best wishes for the success of the meeting but regretted that they were unable to send a delegate.

Mrs. Stuart Ramsey, President, was in the chair, and Miss I. Stewart, of Regina, was appointed as recording secretary, pro tem. The main topics for consideration were the questions of eligibility for membership and an Overseas Directory. After a lengthy and animated discussion, the following motion was passed: That the clause relating to eligibility for membership shall now read, "All Nursing Sisters who have served overseas, who are on or have been honourably discharged from His Majesty's Service." This amendment however, would not interfere with any association which would care to make local rules admitting associate members, provided these members understood that they cannot become members of the Overseas Nursing Sisters' Association of Canada, nor will their names appear in the directory. They cannot be sent to the meetings of the above named association, and consequently cannot be president of their local association.

It was further suggested that the local associations unify their names by calling themselves branches of "The All Canada," e.g., "Overseas Nursing Sisters' Association of Canada, Regina Branch."

The meeting voted that a message of sympathy be sent to the General Secretary, Mrs. E. Petch, for the loss of her husband, Mr. William N. Petch.

The question of a method to help overseas friends to keep in touch with one another was brought forward, and it was decided that this could best be accomplished by a directory. The directory will be compiled by the General Secretary of the Association from lists sent by the secretaries of local associations. This will contain the name, address and original unit of each member. A revised copy will be sent to each member through the local associations every two years.

In considering the election of officers, it was felt that as the Association is still in its formative period, the retiring executive should be reappointed for the next two years. It was unanimously carried that Miss Margaret Macdonald be made Honorary President for life.

Mrs. Hewitt, President of the Regina Branch, extended an invitation to the Association to attend a tea to be given in the armouries the next day, which was accepted with great pleasure.

The spirit of interest and enthusiasm which marked the second general meeting was indeed gratifying. All seemed convinced that for their own sake they should keep the comrades and feeling of comradeship which was theirs during the war. To those who had travelled half-way across Canada to the meeting came the thought that perhaps they were not merely serving themselves but were also again serving their country in forging links to rebind together members of the scattered units.

BRANDON: With the passing of another Armistice Anniversary when our thoughts dwell on friends and friendships of the War years, it is natural we should remember too, the associates who have been especial kindred spirits since then because of like experiences in those stirring times.

One to whom we would pay tribute and who was until recently a member of the Nurses Association of Brandon, and President of the Overseas Nurses Club, Mrs. (Dr.) A. C. Baragar (Eugenie Ledoux), passed away in Edmonton on October 4th.

Nurse Ledoux graduated from St. Boniface Hospital, and was on the staff at Ninette Sanatorium for a time, going from there Overseas where she joined the C.A.M.C. She served at Orpington and in several hospital areas in France. It was at Orpington that she and Major A. C. Baragar were married in September, 1918.

Shortly after their return to Canada, Dr. Baragar was appointed Superintendent of the Hospital for Mental Diseases in Brandon, and during the ten years of their stay the nursing organisations of Brandon were richer for their keen and energetic interest.

For many months Mrs. Baragar was always more or less in pain with a disease which she knew must inevitably cause her death, and yet through it all she maintained a cheerful and unselfish courage that seemed like a torch held high to lighten and brighten the way for others, and kept her own afflictions in the shadows where none might see. We feel that she might have been the inspiration of the poet's lines:—

"Because of you we will be glad and gay,
Remembering you, we will be brave and strong;
And hail the advent of each dangerous day,
And meet adventure with a song.
Whether new paths, new heights to climb you find,
Or wander through unfooted asphodel,
We know you know we shall not lag behind
Nor halt to waste a moment on a fear.
And you will speed us onward with a cheer,
And wave beyond the stars that all is well."

BIRTHS, DEATHS AND MARRIAGES

BIRTHS

BRANTON — On October 10th, 1930, at London, Ont., to Mr. and Mrs. T. John Branton (Marjery Jones, Victoria Hospital, London, 1926), a daughter.

BREEN—On November 5th, 1930, at Vancouver, to Mr. and Mrs. Howard Breen (Jean Calder, Vancouver General Hospital), of Penticton, B.C., a son.

CLOSE—On September 29th, 1930, to Mr. and Mrs. Elmer Close (Bessie Connell, Victoria Public Hospital, Fredericton, N.B., 1926), a daughter.

COULTHARD—On September 8th, 1930, to Mr. and Mrs. Wm. E. Coulthard (Gladys Cousins, The Wellesley Hospital, Toronto, 1922), 4251 Marcel Ave., Montreal, a daughter.

CROSTHWAITE—On August 14th, 1930, at Hamilton, Ont., to Mr. and Mrs. R. W. Crosthwaite (Mary E. Cline, Hamilton General Hospital, 1927), a daughter.

DUNN—On October 17th, 1930, at Sudbury, Ont., to Mr. and Mrs. George Dunn (Rosalind Yohn, Grant MacDonald Training School, Toronto, 1928), a daughter.

GRAY—On August 5th, 1930, at Ottawa, to Mr. and Mrs. Cyril Gray (Amy Chase, Ottawa Civic Hospital, 1927), a daughter.

KENDRICK — Recently, at Gravelbourg, Sask., to Dr. and Mrs. Douglas T. Kendrick (Irene Newcome, Hospital for Sick Children, Toronto, 1928), a son (stillborn).

LANGFORD—On October 13th, 1929, at Edmonton, to Mr. and Mrs. Louis Langford (Lillian Hambley, Lamont Hospital, 1925), a daughter.

STEWART — On October 30th, 1930, at Winnipeg, to Mr. and Mrs. E. A. Stewart (Clara Shields, Winnipeg General Hospital, 1921), a son.

MARRIAGES

BENNETT — KINGSLEY — On October 11th, 1930, at Dundas, Ont., Iva Kingsley (Victoria Hospital, London, 1924), to Earl Greur Bennett. Mr. and Mrs. Bennett will reside in Cayuga, Ont.

BROCK—JACKSON—On September 6th, 1930, at Port Perry, Ont., Marguerite Jackson (Hospital for Sick Children, 1929), to Arthur Brock, of Port Perry.

CALDER — SELMAN — On October 20th, 1930, at Sarnia, Grace Selman (Victoria Hospital, London, 1927), to Dr. A. MacPherson Calder, of Forest, Ont.

CHRISTIE — SIMPSON — On November 6th, 1930, at Winnipeg, Marjorie Simpson (Winnipeg General Hospital, 1927), to Donald Dearmont Christie.

COX — LIGHTFOOT — On October 18th, 1930, at London, Ont., Alice M. Lightfoot (Victoria Hospital, London), to Everest Cox, of London, Ont.

CRAIG—BYERS—On June 6th, 1930, at Ottawa, Helen Byers (Ottawa Civic Hospital, 1925), to C. Vilbert Craig, of Ottawa.

CULLY—SMALL—On August 12th, 1930, at Pembroke, Ont., Muriel Isabel Small (Ottawa Civic Hospital, 1927), to Dr. Cully, of Pembroke.

DALHGEN — BURDETTE — On August 16th, 1930, Amy Burdette (Winnipeg General Hospital, 1928), to Dwight Dalghen. At home, Miniota, Man.

DREW — WILKINSON — On September 16th, 1930, at Toronto, Jean Wilkinson (The Wellesley Hospital, Toronto, 1925), to Cecil Drew, of Calgary, Alta.

DUNCAN — CAMERON — On September 27th, 1930, at Winnipeg, Mary Cameron (Winnipeg General Hospital, 1926), to Douglas Duncan.

ELMITT—DOHERTY—On August 27th, 1930, Emma Doherty (Lady Stanley Institute, Ottawa, 1917), to William Elmitt.

EVANS—DAVIDSON—On June 21st, 1930, at Ottawa, Isabel Davidson (Lady Stanley Institute, Ottawa, 1924), to Hugh Price Evans.

EVANS—REID—On September 18th, 1930, at Mayo, Yukon, Mary Reid (Winnipeg General Hospital, 1928), to Dr. Harold (Punk) Evans.

FAIR — MEIKLE — On September 20th, 1930, at Vancouver, Edith Meikle (Winnipeg General Hospital, 1926), to Worthington Fair. At home, Los Angeles, California.

FRASER—WOOD—On October 2nd, 1930, at Fredericton, N.B., Lottie Wood (Victoria Public Hospital, Fredericton, 1928), to Earl Fraser.

HAASE—WEEKS—Recently, at Ramsayville, Ont., Loretta Weeks (Ottawa Civic Hospital, 1929), to Henry Haase.

HOWSE—MEGILL—On June 26th, 1930, at Ottawa, Sheelah Megill (Ottawa Civic Hospital, 1927), to George Archibald Howse.

HULL—McFAUL—On October 6th, 1930, in Beamsville, Ont., Lillian Viola McFaul (Hamilton General Hospital, 1926), to Barclay Draper Hull, of Bridgeburg.

INGRAM—DUFF—In September, 1930, at Austin, Man., Lavina Duff (Winnipeg General Hospital, 1928), to Dr. William Ingram.

KINNEY—CORNWALL — On September 20th, 1930, at Atlantic City, U.S.A., Mary Cornwall (The Wellesley Hospital, Toronto, 1922), to Ken D. Kinney.

LEEMING—BOOTH—On June 20th, 1930, Lola Booth (Ottawa Civic Hospital, 1927), to Robert P. Leeming, Peterborough, Ont.

LeCUYER—DAVIES — On October 25th, 1930, at Winnipeg, Man., Eileen Davies (St. Boniface Hospital, 1929), to Peter LeCuyer.

MacKAREN—CHAMBERLAIN — On October 3rd, 1930, at Winnipeg, Kathleen Chamberlain (Hospital for Sick Children, Toronto, 1926), to Arthur MacKaren.

McLACHLAN—HIGGINS—On September 8th, 1930, D. V. Higgins (The Montreal General Hospital, 1930), to W. H. McLachlan.

NEWMAN—PARKS — On October 25th, 1930, at Hamilton, Anita Parks (Hamilton General Hospital, 1925), to Carl Newman, of Hamilton, Ont.

PAINE—MARTEINSON—On September 6th, 1930, at Philadelphia, Penn., Theodis Marteinson (Winnipeg General Hospital, 1928), to Dr. Alfred Paine.

PARSONS—ROBERTSON — On October 6th, 1930, at Hamilton, Ont., Adah Elizabeth Robertson (Hamilton General Hospital, 1924), to Charles William Parsons, of Cayuga, Ont.

PETERS — PETERS — On October 13th, 1930, at Vancouver, B.C., Alice Peters (Vancouver General Hospital), to John Peters.

ROBERTSON — KELLUM — Recently, at London, Emily Jane (Smith) Kellum (Victoria Hospital, London, 1925), to Lauchlin Jack Robertson, of London, Ont.

SCHOLLER—PATTERSON—On October 14th, 1930, at Syracuse, N.Y., Mildred Patterson (Hospital for Sick Children, Toronto, September, 1928), to Clarke Scholler, of Troy, N.Y.

SMITH — SMITH — On September 22nd 1930, at Ottawa, Bertha Lillian Smith (Ottawa Civic Hospital, 1926), to George McGee Smith, Campbell's Bay, P.Q.

SMITH—TAYLOR—On June 25th, 1930, Edna Mary Taylor (Ottawa Civic Hospital, 1930), to Leonard Smith, of Detroit, Michigan.

TEES—KETTLES—On May 30th, 1930, at Ottawa, Madaline Kettles (The Wellesley Hospital, Toronto, 1925), to Gregg Tees.

WARWICK—YELLOWLEES—In October, 1930, at Winnipeg, Kathleen Yellowlees (Winnipeg General Hospital, 1930), to Herbert Warwick.

WELD—RUDOLF—Recently, in Toronto, Catherine Rudolf (Hospital for Sick Children, Toronto, 1928), to Dr. Beecher Weld, of Toronto.

WILSON—CHENEY—On September 22nd, 1930, at Ottawa, Audrey Jean Cheney (Ottawa Civic Hospital, 1930), to Ernest Edmund Wilson.

DEATHS

AINSLIE — On October 26th, 1930, at Hamilton, Miss Ida Ainslie (Hamilton General Hospital, 1905).

BOOK REVIEWS

Practical Methods of Study, by Sister John Gabriel, R.N., B.A. in Education, Educational Director and Lecturer on Study Methods in Schools of Nursing operated by Sisters of Charity of Providence in the Northwest. Published by The Macmillan Company of Canada, Toronto. Price, $1.65; pages, 125.

A well-bound book in a size that is easy to handle, with good reading print upon unglazed paper. It contains a foreward, an index and references which follow each chapter. Chapters I to XIII deal with the various necessary habits in practical methods of studying, such as memory, attention, interest, lectures and the use of books. Chapter XIV is a complete summary of the previous chapters. Each chapter is divided into numbered paragraphs which are headed, in heavy type, with the main topic under discussion, and is concluded with a series of the new type questions: True and False, Completion Test and the Matching Test. An example of the Matching Test herewith follows:

Directions: Write beside each number the number of the paragraph in which it is discussed.

.....1. Reflective thinking.
.....2. Correlation.

I question the value of this test. What is to be gained by relating a constructive thought to any definite numbered paragraph in a chapter?

The writer has used many quotations of other writers to evolve her discussions of the various points. On pages 48 and 49 the student is advised, in a problem, to recall the number of drops of water in a quart. Students should be advised to think in minims not drops.

This book is essentially a book for students and might find a place for reference use in the training school library.

MILDRED REID, Reg.N.

BOOKS RECEIVED

Nutrition and Diet Therapy: A Text Book of Dietetics, by Fairfax T. Proudfoot. Fifth edition; completely revised and reset. Published by The Macmillan Company of Canada, St. Martin's House, Toronto, Ont. Price, $3.00.

Text Book of Materia Medica, by A. S. Blumgarten, M.C., F.A.C.P. Fifth edition; completely revised. Published by The Macmillan Company of Canada, St. Martin's House, Toronto, Ont. Price, $3.25.

A Digest of Laws and Regulations Governing the Registration of Nurses in Canada. Price, 15 cents a copy. Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA

Incorporated 1918

An examination for the title of Registered Nurse of British Columbia will be held January 28th, 29th and 30th, 1931. Names of candidates wishing to take this examination must be in the office of the Registrar not later than December 29th, 1930.

Full particulars may be obtained from

HELEN RANDAL, R.N.,
Registrar,
118 Vancouver Block, Vancouver, B.C.

THE CANADIAN NURSE

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A.A., ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

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Meetings—Second Wednesday each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Mrs. S. Harry, Winnipeg General Hospital; Second Vice-President, Miss I. McDiarmid, 363 Langside St.; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss C. Briggs, 70 Kingsway; Corresponding Secretary, Miss M. Duncan, Winnipeg General Hospital; Treasurer, Mrs. H. I. Graham, 99 Euclid St.; Sick Visiting, Miss W. Stevenson, 535 Camden Place; Programme, Miss C. Lethbridge, 877 Grosvenor Ave.; Membership, Miss A. Pearson, Winnipeg General Hospital.

A.A., GALT HOSPITAL, GALT, ONT.

Hon. President, Miss Jamieson; President, Miss M. King; First Vice-President, Miss I. Atkinson; Second Vice-President, Mrs. D. Scott; Secretary, Mrs. F. Roloefson; Treasurer, Miss G. Rutherford; Programme Committee: Convener, Mrs. E. V. Brown, Miss Hopkinson and Miss Blogden.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Mrs. J. Westwell; President, Miss M. Snider; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Mrs. L. G. Bauman, 53 Agnes St., Kitchener; Asst. Secretary, Miss A. Bechtel; Treasurer, Miss K. Grant; The Canadian Nurse, Mrs. L. Kieswetter.

THE EDITH CAVELL ASSOCIATION OF LONDON, ONT.

President, Miss Nora E. MacPherson, Victoria Hospital; First Vice-President, Miss Anne M. Forrest; Second Vice-President, Mrs. C. West; Secretary-Treasurer, Miss Annie P. Evans, 860 Richmond St.; Social Secretary, Miss M. Bawden; Registry Board Representatives, Miss M. Anderson, Mrs. Olive Smiley; Programme Committee, Miss H. Bapty, Miss E. Morris, Mrs. G. Gillies; Representative, "The Canadian Nurse," Mrs. John Gunn.

FLORENCE NIGHTINGALE ASSOCIATION, TORONTO

President, Miss B. Hutchison; Vice-President, Miss Helen Campbell; Secretary, Miss M. G. Colborne, 169 College St.; Treasurer, Miss Clara Dixon, 2111 Bloor St. W.; Councillors, Misses Edith Campbell, H. Meiklejohn, I. Wallace, Mary Walker, Irene Hodges and Miss R. Sketch.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Alice Ahern; Vice-Chairman, Miss D. M. Percy; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses M. Stewart, E. A. Pepper, N. Lewis, Mary Slinn, G. Woods, and Miss F. Nevins; Conveners of Committees: Membership, Miss N. Lewis; Publications, Miss F. Nevins; Finance, Miss E. A. Pepper; Nursing Education, Miss G. M. Bennett; Private Duty, Miss M. Slinn; Public Health, Miss D. M. Percy; Representative to Board of Directors, R.N.A.O., Miss A. Ahern.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss A. Boucher; First Vice-President, Mrs. F. Edwards; Second Vice-President, Miss M. Flannigan; Secretary-Treasurer, Miss R. Wade; Conveners of Committees: Nursing Education, Miss B. Bell; Public Health, Miss V. Lovelace; Private Duty, Miss I. Sheehan; Publication, Miss J. Hogarth; Membership, Miss C. McNanara, Miss M. Hetherington; Social, Miss M. Racey, Miss V. Lovelace; Representative to Board of Directors Meeting R.N.A.O., Miss A. Boucher.

Meetings held first Thursday every month.

A.A., BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence McIndoo; President, Miss H. Stacey; Vice-President, Miss A. Derbyshire; Secretary, Miss B. Cryderman; Treasurer, Miss V. Babcock; Flower Committee, Miss H. Fitzgerald; Representative, "The Canadian Nurse," Mrs. C. Arnott.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

A.A., BRANTFORD GENERAL HOSPITAL

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss Marion Cuff; Vice-President, Miss Madeline Waghorn; Secretary, Miss Hilda Muir; Asst. Secretary, Miss Natalie Lockman; Treasurer, Miss Jean Davidson; "The Canadian Nurse" Representative, Miss Nellie Yardley; Press Representative, Miss Anne Hardisty; Flower Committee, Miss Ida Martin, Miss Florence Stuart; Gift Committee, Mrs. D. A. Morrison, Mrs. A. A. Matthews; Social Convener, Mrs. W. H. Langton.

A.A., BROCKVILLE GENERAL HOSPITAL

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss E. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse," Miss V. Kendrick.

A.A., ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother St. Roch; Hon. Vice-President, Sister M. Loretta; President, Mrs. Pearl Johnston; Vice-President, Miss Jean Lundy; Secretary, Miss Irene Gillard, 52 Raleigh St., Chatham; Treasurer, Miss Jean Bagnell; Executive, Misses Jessie Ross, Katherine Dillon and Agnes Harrison; Flower Committee, Miss Felice Richardson and Mona Middleton; Representative to "The Canadian Nurse," Miss Jessie Ross; Representative, District No. 1, R.N.A.O., Miss Hazel Gray.

A.A., CORNWALL GENERAL HOSPITAL

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Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

A.A., GUELPH GENERAL HOSPITAL

Hon. President, Miss M. F. Bliss, Supt., Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss I. Inglis; Second Vice-President, Miss L. Sprowl; Secretary, Miss Josephine Pierson, 62 Derry St., Guelph; Treasurer, Miss J. Watson; Flower Committee, Misses Ethel Eby, M. Creighton and G. Badke; Correspondent to "The Canadian Nurse," Miss A. L. Fennell.

A.A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Mrs. Norman Barlow, 134 Catherine St. S.; Vice-President, Miss Annie Boyd, 607 Main St. E.; Recording Secretary, Miss Betty Aitken, 44 Victoria Ave. S.; Corresponding Secretary, Miss Janie I. Cordner, 70 London Ave. N.; Treasurer, Miss Christine G. Inrig, Hamilto General Hospital; Treasurer, Mutual Benefit Association, Miss M. L. Hannah, 25 West Ave. S.; Executive Committee, Miss Pegg (Convener), Misses Baird, Walker, Murray, Mrs. Johnson; Registry Committee, Mrs. Hess (Convener), Misses G. Hall, A. Nugent, Armstrong; Programme Committee, Miss Watt (Convener), Misses Call, Buchanan, Squires, Armstrong, J. Patterson, Mrs. Regan; Flowers and Visiting Committee, Miss Squires (Convener), Misses Gowling and Burnett; Representatives to Local Council of Women, Misses Burnett, Sadler, Buckbee, Mrs. Hess; Representatives to The Canadian Nurse, Miss Souter (Convener), Misses Carruthers and Atkins; Representative R.N.A.O. Private Duty, Miss G. Hall; Representative to Women's Auxiliary, Mrs. J. Stephens.

A. A., ST. JOSEPH'S HOSPITAL, HAMILTON.

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A.A., HOTEL DIEU, KINGSTON, ONT.

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A.A., KINGSTON GENERAL HOSPITAL

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Hon. President, Miss Nora MacPherson, Superintendent, Victoria Hospital School of Nursing; President, Miss Della Foster, 420 Oxford St.; First Vice-President, Miss Mary Yule, 151 Bathurst St.; Second Vice-President, Miss Christine Gillies, Victoria Hospital; Treasurer, Miss Edith Smallman, 814 Dundas St.; Corresponding Secretary, Miss Mabel Hardie, 182 Bruce St.; Secretary, Miss Isobel Hunt, 898 Princess Ave.; Representative to The Canadian Nurse, Mrs. S. G. Henry, 720 Dundas St.; Board of Directors, Mrs. C. J. Rose, Mrs. W. Cummins, Misses H. Hueston, H. Cryderman, E. Gibberd, A. MacKenzie; Representatives to Registry Board, Misses M. McVicar, S. Giffen, A. Johnston and W. Wilton.

A.A., NIAGARA FALLS GENERAL HOSPITAL

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A.A., ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss E. Johnston; President, Miss G. Went; First Vice-President, Miss M. Payne; Second Vice-President, Miss S. Dudenhoffer; Secretary-Treasurer, Miss M. B. MacLelland; Programme Committee, Misses C. Newton, A. Reekie, E. Mitchell and B. McFadden.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

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A.A., ST. LUKE'S HOSPITAL, OTTAWA

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Miss Isobel Allan, 408 Slater Street, Ottawa; Treasurer, Mrs. Florence Ellis; Nominating Committee, Misses Mina MacLaren, Hazel Lyttle, Katherine Tribble.

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Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Miss Mabel M. Stewart, Royal Ottawa Sanatorium; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. G. O. Skuce, Britannia Bay, Ont.; Treasurer, Miss C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. MacGibbon, 114 Carling Ave.; Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home, Aylmer Ave.; "Canadian Nurse" Representative Miss A. Ebbs, 80 Hamilton Ave.; Representatives to Central Registry Nurses, Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Mrs. J. Waddell, 220 Waverley St.

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A.A., OTTAWA GENERAL HOSPITAL

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A.A., OWEN SOUND GENERAL AND MARINE HOSPITAL

Hon. President, Miss M. Sharpe; President, Miss E. Webster, 1022 4th Ave. W.; Vice-President, Miss M. Graham; Secretary-Treasurer, Miss M. McNicoll, 754 8th St. E.; Asst. Secretary-Treasurer, Mrs. D. J. McMillan; Flower Committee, Miss A. Mitchell, Mrs. E. Frost, Miss M. Story; Programme Committee, Miss M. Sim, Miss C. Thompson; Press Representative, Miss J. H. Currie.

A.A., NICHOLL'S HOSPITAL, PETERBORO

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A.A., MACK TRAINING SCHOOL ST. CATHERINES

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A.A., MEMORIAL HOSPITAL, ST. THOMAS

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A.A., TORONTO GENERAL HOSPITAL

Hon. President, Miss Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Jeane Browne; First Vice-President, Miss Anna Dove; Second Vice-President, Miss Kathleen Russell; Secretary, Miss McGregor, Ward 1, Toronto General Hospital; Treasurer, Miss McGeachie, Medical Arts Building, Bloor St.; Asst. Treasurer, Miss Laura Lindsay; Councillors, Mrs. Margaret Dewey, Misses Gordon and Dulmage; Archivist, Miss Kniseley.

A.A., GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Curry; President, Mrs. L. B. Hutchison; First Vice-President, Mrs. John Gray; Recording Secretary, Miss Jean Anderson; Corresponding Secretary, Miss Lillian E. Wood, 3248 Yonge St., Toronto 12; Treasurer, Miss V. M. Elliott, 26 Tranby Ave.

A.A., GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

Hon. President, Miss Esther M. Cook, 130 Dunn Ave.; President, Miss Jean Macpherson, 130 Dunn Ave.; Vice-President, Miss Ida Weekes; Recording Secretary, Miss K.M. Cuffe, 130 Dunn Ave.; Corresponding Secretary, Miss Ione Clift, 130 Dunn Ave.; Treasurer, Miss M. McCullough, 130 Dunn Ave.

A.A., TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Miss M. Devins, 42 Dorval Road; Vice-President, Mrs. W. J. Smithers, 74 St. George Street; Secretary-Treasurer, Miss R. Hollingworth, 100 Bloor St. W.; Representatives to Central Registry, Mrs. Proctor, 226 Glen Road; Miss E. Kerr, 1594 King Street W.; Representative to R.N.A.O., Miss A. Bodley, 43 Metcalf Street.

A.A., RIVERDALE HOSPITAL, TORONTO

President, Miss E. Lyall, 290 St. George St., Toronto; First Vice-President, Miss G. Gastrell, Isolation Hospital; Second Vice-President, Mrs. Radford, 458 Strathmore Blvd.; Secretary, Miss Cora L. Russell, Isolation Hospital; Corresponding Secretary, Mrs. E. Quirk, Isolation Hospital; Treasurer, Miss L. McLaughlin, Isolation Hospital; Conveners of Standing Committees: Sick and Visiting, Miss S. Stretton, 7 Edgewood Ave.; Programme, Miss K. Mathieson, Isolation Hospital; Representatives to Central Registry, Misses G. Anderson, J. Henderson.

A.A., HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss H. Panton and Miss P. B. Austin; President, Mrs. F. E. Atkinson; First Vice-President, Miss Petron Adam; Second Vice-President, Miss Alice Grindley; Corresponding Secretary, Miss Mary Ingham; Recording Secretary, Miss Mary Acland; Treasurer, Miss V. Marie Grafton, 534 Palmerston Blvd.; Councillors, Misses Louise Rogers, Hilda Rose, Jean Beaton, Helen Needler, Mabel St. John and Mrs. Harold McClelland.

A.A., ST. JOHN'S HOSPITAL, TORONTO

Hon. President, Sister Beatrice, St. John's Hospital; President, Miss Haslett, 48 Howland Ave.; First Vice-President, Miss Price, 6 St. Thomas St.; Second Vice-President, Miss Richardson, 320 Avenue Rd.; Recording Secretary, Miss Coleman, 119 Wellesley Cres.; Corresponding Secretary, Miss Garnham, 26 Balmoral Ave.; Treasurer, Miss Cook, 69 Galt Ave.; Convener, Programme Committee, Miss Ramsden, 6 Carey Rd.; Representative to The Canadian Nurse, Miss Pearson, 18 Riverside Ave.; Flowers and Sick Committee, Miss Davis, 49 Brunswick Ave.

A.A., ST. MICHAEL'S HOSPITAL, TORONTO

President, Miss Essie Taylor, 20 Lauder Ave., Toronto; First Vice-President, Miss Ella Graydon; Second Vice-President, Miss Ella O'Boyle; Third Vice-President, Miss Helen O'Sullivan; Recording Secretary, Miss Roselle Grogan; Corresponding Secretary, Miss Marie E. McEnaney, 62 Ariel St., Toronto; Treasurer, Miss Helen Hyland, 137 Belsize Drive, Toronto; Directors, Misses E. M. Chalue, M. I. Foy, Marcella Berger; Conveners of Standing Committees, Misses Ivy de Leon, Julia O'Connor, Hilda Kerr.

A.A., VICTORIA MEM. HOSPITAL, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

A.A., WELLESLEY HOSPITAL, TORONTO

President, Miss Edith Carson, 499 Sherbourne St.; Vice-President, Miss Ruth Jackson, 80 Summerhill Ave.; Treasurer, Miss Lucille Thompson, 4, 118 Isabella St.; Recording Secretary, Miss Mildred McMullen, 133 Isabella St.; Corresponding Secretary, Miss Evelyn McCullough, 1117 Danforth Ave.; Executive, Misses Edna Tucker, Betty Scott, Doris Anderson, Audrey Lavelle; Correspondent to The Canadian Nurse, Miss Waple Greaves, 65 Glendale Ave.

A.A., TORONTO WESTERN HOSPITAL

Hon. President, Miss B. L. Ellis; President, Miss R. M. Beamish; Vice-President, Miss L. Smith; Recording Secretary, Miss F. Matthews; Secretary-Treasurer, Miss L. B. MacDougall; Representative to The Canadian Nurse, Miss H. Milligan; Representative to the Local Council of Women, Mrs. MacConnell; Hon. Councillors, Mrs. MacConnell, Mrs. Yorke; Councillors, Misses F. MacLean, Cooney, Steacy, Stevenson, Wiggins, Gross, Wardlaw, and Mrs. Bateman; Social Committee, Mrs. Fawns, Miss Woodward, Miss Agnew; Flower Committee, Miss Lamont; Visiting Committee, Miss A. Lowe, Miss Essex, Miss Harshaw.

Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A.A., WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman; Hon. Vice-President, Miss H. T. Meiklejohn; President, Mrs. S. Hall; Vice-President, Miss D. Berry; Treasurer, Mrs. J. Hood, 303 Keewatin Ave., Toronto; Corresponding Secretary, Miss F. Smith.

A.A., CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss E. Eldridge; Vice-President, Miss A. Atkinson; Secretary, Miss E. L. Barlow, Toronto Hospital, Weston; Treasurer, Miss P. M. Stuttle.

A.A., GENERAL HOSPITAL, WOODSTOCK

Hon. President, Miss Frances Sharpe; President, Mrs. Melsome; Vice-President, Miss Jefferson; Secretary, Miss G. Boothby; Assistant Secretary, Miss Green; Corresponding Secretary, Miss M. F. Costello, 67 Wellington St. N., Woodstock, Ont.; Treasurer, Miss L. Jackson; Representative, The Canadian Nurse, Miss A. G. Cook; Programme Committee, Misses Mackay, Anderson and Hobbs; Social Committee, Miss Hastings and Miss M. Culvert; Flower Committee, Miss Rickard and Miss Eby.

GRADUATE NURSES ASSOCIATION OF THE EASTERN TOWNSHIPS

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A.A., LACHINE GENERAL HOSPITAL

Hon. President, Miss M. L. Brown; President, Miss M. A. McNutt; Vice-President, Miss J. C. McKee; Secretary-Treasurer, Miss E. J. Dewar, 558 Notre Dame Street, Lachine, Que.; Private Duty Representative, Miss M. Lamb, 376 Claremont Ave., Montreal; Executive Committee, Miss Robinson, Miss Goodfellow.

Meeting—First Monday of each month, at 9 p.m.

MONTREAL GRADUATE NURSES' ASS'N.

Hon. President, Miss L. Phillips, 3626 St. Urbain St.; President, Miss A. Kinder, Children's Memorial Hospital; First Vice-President, Miss C. Ferguson, Alexandra Hospital; Second Vice-President, Miss C. M. Watling, 1230 Bishop Street; Secretary-Treasurer, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss L. White, 1230 Bishop St.; Night Registrar, Miss E. Clarke, 1230 Bishop St.; Convener, Griffintown Club, Miss G. Colley, 261 Melville Avenue, Westmount, P.Q.

Regular Meeting—First Tuesday, January, April, October, and December.

A.A., CHILDREN'S MEM. HOSP., MONTREAL

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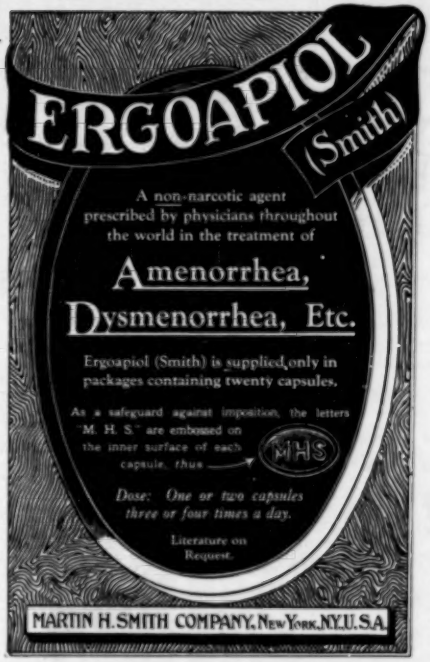
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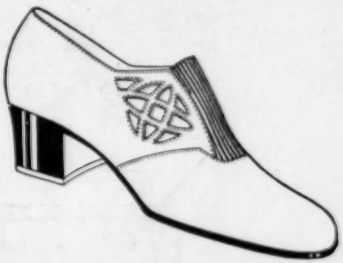

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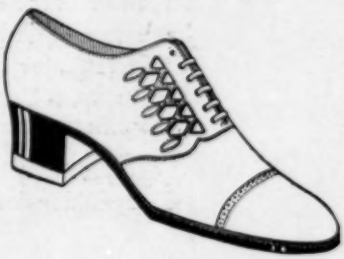

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